University of Alberta

Understanding physical activity for children with disabilities within an educational context in Thailand

by

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Abstract

The purpose was to provide a description of physical activity for children with physical disabilities within an educational context in Chiang Mai, Thailand. Data was collected through documents and interviews with teachers at schools for children with disabilities, as well as instructors at a well-established University in Chiang Mai. Data was analyzed using content analysis. Results indicate that religious ideologies and cultural practices towards individuals with disabilities are factors in taking advantage of educational opportunities for children with disabilities. Government policies, instructional supports and the amount and quality of training to instruct students with disabilities were found to influence participation in physical activities.

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CHAPTER 1 ~ INTRODUCTION

Purpose of the study

The conceptualization of disability in North America has been well documented for several decades. The many concepts that surround the notion of disability have all been instrumental in shaping how disability is defined today. Concepts, policies, as well as physical and attitudinal changes have shaped, and will continue to shape, the lives of people living with various disabilities. For example, following the era of institutionalization of people with disabilities, the inception of the principle of normalization (Nirje, 1992; 1985) followed by theories of social role valorization (Wolfensberger, 1983), and inclusion have contributed to a change in the North American social construction of disability. Disability can also be conceptualized as being a construct of society through language, norms, practices, ideologies, physical and social structures, and media (Shogan, 2003, 1998; Davis, 1995; McDermott and Varenne, 1995). Looking at an international scene, different contexts and cultures may result in other interpretations of disability. Then again, they may not. There is a lack of research on the constructions of disability within various cultural contexts. As a result, it is not clear whether the constructs in North America are similar to disability constructs on an international scene. To put this differently, is disability constructed differently in other cultures?

In order to provide some insight into the above question, my research sought to investigate: How does Thai culture construct disability? How do the effects of these constructions influence participation in physical activity? These questions led to the proposed question of inquiry: *How is physical activity for children with* *disabilities within an educational context in Thailand socially constructed by those who interact with children with disabilities in education settings?* Therefore, the purpose of the current study is to understand physical activity for children with disabilities within an educational context in Thailand. I will explore this, in part, by asking: *What do teachers and educational professionals (i.e. administrators) in Thailand say about disability and physical activity/education?*

Furthermore, I was interested in exploring how specialized schools for children with disabilities are run. More specifically, I was interested in what the provision of physical activity opportunities for children with disabilities in specialized schools revealed about the Thai culture's views of disability. Generic qualitative methods of inquiry were used in this research project.

Definition of Terms

The following are conceptual definitions for terms used throughout this study:

- **Social Construction (of disability)** - refers to the dynamic interaction between physical conditions and other personal factors, and environmental factors, whether cultural, physical, or social, that makes a phenomenon, such as disability, possible. Disability is not an innate characteristic of the individual; rather, the processes of society that produce or construct the disability (United Nations (UN), 2006).
- **Culture** - is a complex and dynamic term that addresses the "customary beliefs, social forms, and material traits of a racial, religious, or social group" (Merriam-Webster, 2006). It can also be though of as the "set of shared

attitudes, values, goals, and practices that characterizes a company or corporation" (Merriam-Webster, 2006).

- **Norms** - an "authoritative standard" or a "widespread practice, procedure, or custom" among members of a social group that serves to "guide, control, or regulate proper and acceptable behaviour" (Merriam-Webster, 2006). Furthermore, norms are represented by typical behavioural patterns or traits found in a social group (Merriam-Webster, 2006).
- **Value** - "something (as a principle or quality) intrinsically valuable or desirable" (Merriam-Webster, 2006). For example, a culture may place a high amount of 'value' on looks, particularly able-bodied, or on a certain animal that serves a spiritual purpose, or even on health where the constructs of the particular society supports those healthy practices.
- **Social norms, practices and ideologies** - "customs, practices, rules and abstract systems of values and normative beliefs (e.g. ideologies, normative world views and moral philosophies) that arise within social contexts and that affect or create societal and individual practices and behaviours, such as social norms of moral and religious behaviour or etiquette; religious doctrine and resulting norms and practices; norms governing rituals or social gatherings" (International classification of functioning, disability and health (ICF), 2006).
- **Attitudes** - in relation to this paper, attitudes are "the observable consequences of customs, practices, ideologies, values, norms, factual beliefs and religious beliefs. These attitudes influence individual behaviour and social life at all levels, from interpersonal relationships and community associations

to political, economic and legal structures….The attitudes classified are those of people external to the person whose situation is being described. They are not those of the person themselves" (ICF, 2006). '

- **'Disability'**- As previously mentioned, 'disability' is a product of the interaction between the individual and societal processes. According to the United Nations (2006), there is no universal definition of disability. However, the World Health Organization (WHO) Center for Health Development (2004) makes distinctions between the various terms:
    - *Impairment*: Any loss or abnormality of psychological, physiological, or anatomical structure or function;
    - *Disability*: Any restriction or lack (resulting from an impairment) of ability to perform an activity in the manner or within the range considered normal for a human being and;
    - *Handicap*: A disadvantage for a given individual, resulting from an impairment or disability, that limits or prevents the fulfillment of a role that is normal, depending on age, sex, social and cultural factors, for that individual.

- **Physical Activity -** The definition of physical activity differs from that of exercise describing "all movements in everyday life, including work, recreation, exercise, and sporting activities..." (WHO, 1997).
- **Participant -** Being a participant means to take part or to share in something (Merriam-Webster, 2006). Teachers and administrators in the schools that I used as a research context, as well as myself as the researcher were

participants in this study. My participation evolved by joining activities at the schools as a way to understand the culture which I studied, as well as a strategy for effective data collection. Reciprocally, teachers participated by offering information for my study. Therefore, as participants, we shared in a cooperative relationship that includes this study.

Delimitations

The endless avenues that were possible to explore needed to be delimited due to this project being Master's thesis research. Therefore, this study had several delimitations that were accepted as such but did not detract from the ultimate goal.

First, although I use the phrases "schools for children with disabilities" and "children with disabilities" throughout the methodology, findings, and discussion chapters, 'disabilities' in those contexts do not refer to those children with, and schools for, intellectual disabilities. 'Physical disabilities', within the context of this study included children with physical impairments, hearing impairments, and visual impairments.

Second, and continuing from the previous point, I only visited specialized schools for children with disabilities where most of the students also live at the school rather than at home. Therefore, the experiences I observed as a researcher may not necessarily reflect disability in the general community.

Third, Chiang Mai is a multiple University town with a potentially higher level of education among its community members and in the schools in which I visited, versus a hill tribe community. Because of this, my results may not be representative of the country. Nevertheless, Chiang Mai was also a place where access to specialized schools as well as university libraries was thought to increase the quality of data I collected.

Limitations

There were also acknowledged and accepted limitations to my study, most of which were due to a language barrier. First, there was potential information for my discussion chapter in the form of texts, documents, and online sources that I could not access as it is in the Thai language. Second, using an interpreter presented a great challenge when it came to collecting data and interpreting the data during analysis. The intentions of my questions, the way they were worded (even after they were re-worded by my interpreter) and their meanings may not have translated exactly as intended into the Thai language. Culturally appropriate words or phrases as well as translating out of context were potential problems that I will never be able to truly understand. I do not know if my interpreter translated exactly as I asked or if the questions were altered beyond what we had discussed. Furthermore, I do not know the extent to which the interviewee's answers were translated back to me verbatim. However, becoming familiar with my interpreter and my interpreter's continual exposure to the research questions should have helped to lessen the effects of these potential problems. Also, by engaging myself in the setting, I was able to experience and observe behaviours non-systematically. These observations provided context for my interpretation of the interview responses.

Third, I was not always able to use naturally occurring conversations as a source of raw data. Rather, much like in interview situations I had to rely on my interpreter to translate the communication. Thai Buddist culture holds politeness in high regard. Therefore, interview answers may have reflected culturally appropriate or polite answers. On the other hand, answers to interview questions may have reflected the social constructions and processes of their culture.

Initially, my project was going to involve both physical and intellectual disabilities. After visits to each "special school" site, it was deemed appropriate by myself and my committee that delimiting my study to include only those schools who serve children with physical disabilities would result in a more manageable and focused study. Although I was not directly affiliated with Play Around the World (PAW), a University of Alberta organization, they acted as a gatekeeper by giving me access to the schools. As a result, gaining entry to the schools to use for my research was quickly established. Gatekeepers are those individuals who provide access to a research site. The roles of the gatekeeper and key informants are not necessarily fixed roles. Again, key informants are individuals who help integrate the researcher with the research setting (Patton, 2002; Alty & Rodham, 1998). Although PAW acted only as a gatekeeper, providing me access to the special schools they were already affiliated with, a teacher at one of the special schools acted as both a gatekeeper and a key informant. My field notes helped to contextualize the roles of each participant. In addition to using the three schools for children with disabilities, I was also given the opportunity to conduct interviews at one of the research-intensive Universities in Chiang Mai (herein after referred to as the university), as well an inclusive government (mainstream) school in Chiang Mai.

Researcher as Instrument - Assumptions

I feel that I must address a few issues regarding the specifics of this particular study as they relate to me as the researcher. First, why did I conduct this study? Following an extensive literature review, I surmised that there is little or no literature that addresses my specific research question in an international context. As several Western and European organizations work in developing countries in the area of disability, it is important to understand what disability means to those cultures. In order for me to understand what disability means to the people of Thailand and to identify descriptions of disability and physical activity, I needed to try to understand their culture. I attempted this by spending time, prior to conducting interviews and researching documents, in the school settings as a participant. Also, by living in Chiang Mai for two months, I immersed myself, as much as possible, into the daily life of Thai people and made efforts at becoming familiar with their customs. While these efforts were helpful and provided me with some sense of Thai culture, without speaking the Thai language or being part of Thai society, I was not able to fully understand the customs and practices inherent of Thailand.

Second, how could I have understood and analyzed confidently, disability in such a vastly different culture given my personal characteristics of white, middle class, Canadian Master's student. How is my work different from other forms of North American colonialization projects in developing countries? My answer to these questions here reflects my position as a descriptive researcher and not an action-researcher. I made no attempt to pass on my North American beliefs and practices surrounding disability nor did I attempt to make changes in the existing practices and policies in Thailand.

Last, what were my personal opinions regarding disability that may have influenced this study? How did I address these opinions? My conceptualization of disability is strongly influenced by the vast amount of literature available and by my own personal experience working closely with people with disabilities. I inevitably brought with me personal opinions about disability. My opinions are that individuals with disabilities should be regarded as a person-first and be afforded equal opportunities in all aspects of daily life. The only way I could become aware of (missing) information regarding disability (i.e. physical or social barriers) in Thailand was from my own experience with disability in Canada. As the study progressed, I became aware of additional personal opinions about disability. However, I took responsive measures (i.e. reflexive journal) to reflect on these positions so that they did not interfere with the dominant positions held by people in Thailand.

CHAPER 2 ~ LITERATURE REVIEW

Introduction

Although the present study takes place in Thailand, there is little literature that focuses on disability in Thailand. However, there exists a volume of literature that speaks to the conceptualization of disability in North America as well as other International contexts. Recognizing that different cultures may in fact perceive, define, and construct disability in different ways, it is necessary to understand disability within the context of the culture under study, as well as understand the basic values and functional characteristics that define that culture. The following discussion on disability and physical activity in North America and other International contexts will serve as a backdrop as I explore disability and physical activity within an educational context in Thailand. Disability is a large area of study and therefore, I have done my best to provide an all encompassing discussion on the various concepts and perspectives in which disability can be studied, while keeping in mind the areas relevant to this particular study.

The literature review will be divided into three parts: Part 1- How We Understand Disability in North America; Part 2- The Social Construction of Disability and Education: a world view; and Part 3- Physical Activity and Disability.

PART 1

HOW WE UNDERSTAND DISABILITY IN NORTH AMERICA

Understanding the inception and construction of the concept of disability is essential when exploring the current status of disability and how these have contributed to the key issues facing individuals with disabilities today. Key themes that have contributed to the conceptualization of disability in North America include: Normalization (Nirje, 1992; 1985), Social Role Valorization (Wolfensberger, 1983), Inclusion (i.e. Eleweke and Rodda, 2002) and Exclusion (i.e. Raphael, 2004).

From Normalization to Social Role Valorization

The normalization principle was first developed by Bengt Nirje in the early sixties and formally introduced in 1969 (Nirje, 1992). Nirje was conceivably ahead of his time with the notion of normalization. This principle attempted to draw attention to the rights of all people to live as close to normal as possible, regardless of their type of disability. It addressed issues such as living conditions, economic standards, the right to experience normal development transitions, routines and rhythms, as well as the right to make decisions about various aspects of life such as, for example, how to spend one's leisure time. However, the rationale behind the principle of normalization was not fully understood. Many critics misinterpreted the intention of the principle to provide a life as normal as possible and thus accused Nirje of trying to make individuals with disabilities "normal". By forcing normalcy, they accused him of "dumping" individuals with disabilities into the community with no support. Critics also viewed implementing the principles of normalization as an unrealistic feat. On the surface, the normalization principle appeared to be a simple solution; however, incorporating the principles of normalization alone has not, even after all these years, been achieved as Nirje had envisioned. Mere physical integration into the community alone did not foster positive and accepting attitudes from people without disabilities towards people with disabilities. Although the normalization principle was a good start for the integration of individuals with disabilities into the community, there were missing components. These missing components included, not exclusively, attitudes and social processes that upheld existing stereotypes and beliefs of disability in general (Dewees, Pulice, & McCormick, 1996). As a result of these missing components, the theory of social role valorization (SRV) stemmed from, and then replaced, the principle of normalization in both practice and policy making (Thomas and Wolfensberger, 1999).

Social role valorization (SRV) is based upon the notion of recognizing and understanding the processes of devaluing persons with disabilities that lead to common experiences, or "wounds", shared by this group. Devaluing refers to classifying individuals or groups into devalued categories or roles (roles that a society does not deem as valuable). Therefore, the actions and goals of SRV attempt to place people into valued roles. Placing people into valued roles is, in essence, affording roles based on the way in which people with disabilities are viewed and the values a society holds (Race, Boxall, & Carson, 2005). If we recognize that the problem is not *within* the person, but rather that the problem lies within the context *around* the person and the interaction of the person *with* the context, a move will be made to change the context and perhaps the person as well. The result is either a casting of people into valued or devalued roles. More often than not persons with disabilities are cast into devalued roles (Yates, 1999).

Inclusion/Exclusion

The term 'inclusion' is a loaded concept which has been debated world-wide since its first use in disability literature (Alur, 2001). The term originated in western societies, namely North America, Scandinavia, Europe, and the United Kingdom where inclusive practices have been driven by legislative policies (Alur, 2001). For the purpose of discussing inclusion as a topic in disability studies, inclusion will refer directly to social inclusion (Sherrill, 1998).

The ultimate goal of inclusion is to break down discriminatory attitudes, foster respect of differences, create welcoming communities, and build inclusive societies (Eleweke and Rodda, 2002). Many developing countries have and are attempting to create inclusive environments. However, there are many barriers influencing this ultimate goal. In addition to long-held attitudinal and behavioural barriers, other barriers include inadequate facilities and personnel training programs, lack of funding structure, and the absence of enabling legislation (Eleweke & Rodda, 2002). Such barriers leave us with an inadequate system of inclusion and an alternative perspective- exclusion. In essence, "social exclusion is about the societal processes that systematically lead to groups being denied the opportunity to participate in commonly accepted activities of societal membership" (Raphael, 2004, pg. 233). Put differently, social exclusion represents inequality between groups and thus is both a process and an outcome which can be experienced on an individual level or belonging to a group classified by society as sharing devalued qualities (Galabuzi, 2004).

According to Sherrill (1998), social inclusion represents the nature and number of personal interactions between those without disabilities and those with disabilities. Furthermore, it is "typically assumed that these interactions are positive and contribute to feelings of accepting and liking each other" (Sherrill, 1998, p. 212). Much literature has been written on inclusion, specifically inclusive education (Gaad, 2004). The premise of inclusive education is that by placing children with disabilities into inclusive settings, they will experience full integration. However, this is not the case. Many of these studies (e.g. Laws & Kelly, 2005; Lifshitz &Glaubman, 2002; Nikolaraizi & De Reybekiel, 2001; Place & Hodge, 2001; Roberts & Smith, 1999; Shelvin & O'Moore, 2000; and Slininger, Sherrill & Jankowski, 2000) report successful inclusion in terms of positive attitudes reported by teachers and peers towards the students with disabilities. But these reoccurring results do not satisfy the objective of inclusion. What appears to be missing in inclusive studies is an associated intention and action to interact with these students and not only foster positive attitudes. In addition, these reported positive attitudes that do not reflect parallel behaviours may suggest that teachers and peers are simply stating socially appropriate and acceptable answers. The resulting implication is an ultimate lack of integration with the physical placement of students into regular classrooms.

Conclusion to Part 1

The contextualization of disability is an intricate area of study. Each issue that has ultimately shaped disability today is not unilateral; rather, there are contrasting perspectives depending on the context and framework from which one bases their views. As well, many of the concepts and issues discussed in this section are not concepts that stand alone. Instead, the concepts are interrelated which exposes just how complex the contextualization of disability is. North America has made progress over the years in providing a quality of life for people with disabilities, but much remains to be untangled. After years of debates over inclusive and normalization theories, researchers and service providers are attempting to recognize the desires and needs of the people they are researching or are working for. Just as people with disabilities should not be viewed as a homogenous group, nor should the solution to the many remaining issues be regarded as such.

PART 2

THE SOCIAL CONSTRUCTION OF DISABILITY AND EDUCATION: A WORLD VIEW

The discussion will now turn its focus onto disability from an international perspective. Since my project took me to Thailand, it was important to not only understand disability within my own cultural context, but to also understand what literature existed on the international scene. Specifically, the following section will explore the various ways in which disability is constructed across different cultures.

According to the United Nations (2006), disability can be defined as a "dynamic interaction between health conditions and other personal factors (such as age, sex, personality or level of education) on the one hand, and social and physical environmental factors on the other hand." This definition is compatible with much of the literature on disability showing that different cultures appear to define disability according to their own cultural beliefs, traditions, value systems, and social norms (e.g. Gaad, 2004). These cultural characteristics shape attitudes and perspectives and strongly influence the status of persons with disabilities within that culture. They also determine whether individuals are accepted or rejected as valued members of the community. Since the social construction of disability influences attitudes, or vice versa, this research begins with a review of literature concerning the attitudes of teachers and parents towards individuals with disabilities. The focus will be on attitudes towards inclusion and acceptance of individuals with disabilities in educational settings as well as in the greater society. The attitudes of teachers and parents may serve to reflect the understanding of disability in a particular culture.

The disability movement brought about with the civil movement after World War II, initiated the recognition and legislation of the rights of people with disabilities (VSA, 2005). However, acceptance of people with disabilities into "normal" society and the elimination of myths about people with disabilities has only relatively recently begun to succeed in North America and world wide (e.g. Gaad, 2004).

Much of the research on persons with disabilities focuses on children in the education system, specifically, on attitudes towards the inclusion and acceptance of children with disabilities held by peers, teachers, and parents (e.g. Shelvin and O'Moore, 2000; Lifshitz, Glaubman, and Issawi, 2004; Bywaters, Ali, Fazil, Wallace, and Singh, 2003). There are very few studies that have used the perspective of individuals with disabilities themselves as a source of understanding disability (Goodwin and Watkinson, 2000). Socially constructed disability refers to the perspective that the disability is a function of the complex relationship between the person with a disability and his or her environment. In other words, environmental factors can exacerbate the limitation and "cause" the disability whether these factors are cultural, physical, or social (Shogan, 2003). In addition, there is limited literature regarding the attitudes towards children or people with disabilities participating in physical activity or sport (Place and Hodge, 2001). Therefore, although the proposed research will focus on disability and physical activity within an educational context in Thailand, this section will be a starting place for the study of the social construction of disability across many cultural contexts using attitudes as the marker of how people with disabilities are viewed in each culture. The attitudes, and thus the perspectives, of teachers and parents regarding children with disabilities will help to create a basic understanding of how each culture socially constructs disability, ultimately providing a foundation on which to associate specific cultural perspectives of disability and physical activity.

Past and Current Perspectives on Disability

Gaad (2004) provides a brief historical perspective of attitudes towards people with intellectual disabilities in various countries. The following examples, although harsh and obscene, reflect the religious influences as well as the lack of knowledge about disability at that time. In Ancient Egypt and Greece, newborns were thrown to their death from a cliff if they were suspected of having a physical or cognitive defect of any kind thereby ensuring the survival of the fittest and thus, a stronger society. As time went by, the practice of selling individuals with intellectual disabilities to act as entertainment for high society was common. Religious beliefs often served to justify this treatment of the "intellectually disabled" and there was a general fear in not knowing the cause of such "defects." It was often thought that the Devil had ties with the mother (as declared by Martin Luther) and therefore both mother and child were sentenced to burn on the stake. Accusing the mother of sinning was common practice by the Christian Church as well, her punishment being the birth of her "intellectually disabled" child (Stratford and Gunn, 1996).

In contrast, the ancient Mexican Olmec believed those with intellectual disabilities had "religious and superhuman significance" as described in their wall paintings (Gaad, 2004). However, this view was not shared by many cultures. Lack of knowledge as to the causes of disability and the subsequent characteristics of those with intellectual disabilities resulted in many people turning to religion for answers.

Today, many people still turn to religion for answers but because of the advancement in medical knowledge about the causes of disability, individuals born with or who acquire a disability, are not punished the way they used to be.

Although the 21st century might carry with it a sense of advancement in the way people with disabilities are treated and perceived, certain cultures still rely heavily on religious beliefs to explain and perceive disability. This, in turn, influences a society's attitudes and ultimately drives their behaviour (Gaad, 2004). For example, many African cultures still believe disability is the result of witchcraft, superstition, juju, sex-linked factors, as well as God-mediated or super sensible forces (Abosi and Ozoji, 1985). In other words, disability is linked with evil. Further, these cultures hold the belief that disabilities are contagious. Even being in the presence of a child with a disability is seen as taking a risk for having future children born with disabilities. This notion is not restricted to African cultures alone. Some elders of the United Arab Emirates (UAE) also believe that the chance of carrying a child with a disability is increased by regular contact with such children.

In other parts of the world, such as in Korea, Malaysia, Sri Lanka, China, Nepal, Indonesia, Thailand, New Zealand and the United States (Gaad, 2004), great steps have been made in the acceptance and inclusion of children in education, community and home settings (Doman, 1986). Terminology has changed from describing the person *as* the disability to describing the person *with* a disability (Gaad, 2004). Nevertheless, even within countries there are major differences in perspectives in terms of how children with disabilities are accepted and included in education systems (Booth, 1996). The following perspectives of teachers and parents from different countries help to form a picture of the differing attitudes of disability and how the attitudes are socially constructed.

Education of Children with Disabilities

Teachers play an important role in the socialization of children with disabilities in the classroom. They are fundamental in defining and enforcing acceptable behaviours relative to their culture, as well as acting as role models in their attitudes towards children with disabilities (Gaad, 2004). Just as students are influenced by their teachers, teachers are influenced by the educational and political system of their society. Therefore, not only are attitudes and beliefs about the inclusion of children with disabilities into the classroom important to consider, but the factors that cause these attitudes are important as well. Administering an inclusive setting in the classroom does not necessarily imply a positive attitude towards the children with disabilities. The following section will explore education systems from different parts of the world and the attitudes of teachers associated with these systems.

In the late 1980's, The Israeli Special Education Law was implemented requiring the inclusion of those with mild to moderate disabilities. Only recently have children with Down syndrome been included in the regular classroom with teacher assistants. In Palestine, a first attempt at inclusion in the early 1990's proved a failure. This was not surprising as teachers were unprepared to accommodate and assist these children in their classrooms (Lifshitz, et al. 2004). Later in the decade, special segregated schools for students with physical, mental, and behavioural disabilities, who had previously not received any formal education, were opened (Essawi, 2002; in Lifshitz, et al., 2004).

The trend of selective acceptance of children with disabilities into the regular classroom is common throughout many countries, such as UAE and England, where many teachers hold negative attitudes towards children with intellectual disabilities (Gaad, 2004; Lifshitz, et al., 2004; Zambelli and Bonni, 2004). Selective acceptance refers to the fact that teachers are willing to include children with certain disabilities but not all, especially those children with severe intellectual disabilities. Some factors that influence the acceptance of integrating children with disabilities, especially those with severe intellectual disabilities, into the regular classroom include whether or not teachers are enrolled in special education, whether they have had experience working with children with disabilities, whether they have been properly trained to teach these children, whether they have sufficient support staff, their gender, and their religion (Lifshitz, et al., 2004; Gaad, 2004; Hutzler, Zach, and Gafni, 2005; Lifshitz and Glaubman, 2002). These factors were found to be significant with teachers in Italian schools (Zambelli and Bonni, 2004) where access to specialized training is limited. Egypt is one country which neither holds positive attitudes towards inclusion nor supports the idea of it. Due to the competitiveness of the culture, teachers feel including students with intellectual disabilities in their classrooms will give them a bad reputation as a teacher. The bad reputation, formed by members of the community, will be a direct result of the poor performance by students with disabilities who will not perform as well as the other students in the class on regular course work such as tests. Put differently, the Egyptian society holds the teacher solely responsible for the success or failure of a student. As it stands, children with disabilities in Egypt are not even entitled to any sort of education at all. While in other countries, such as England, the level of education supporting inclusion is limited. Still in other countries, such as the UAE, segregated schools are perceived as being inclusive in that students with disabilities are given the opportunity to receive education (Gaad, 2004).

Parents' Attitudes and Beliefs about Disability

Not only are teachers instrumental in socially constructing attitudes towards children with disabilities, albeit being highly influenced by their specific cultures, but parents for obvious reasons have a major impact on the quality of life they provide for their children with disabilities. Their attitudes and beliefs are shaped by their culture and can influence the level of acceptance for their children and thus the pursuit of services such as education (Gaad, 2004). For example, parents in the UAE and Egypt felt that their children with disabilities were placed in inclusive educational settings when in fact they were in segregated schools. Whereas parents in England would not accept any other means of education for their children with disabilities other than in the regular classroom (Gaad, 2004).

As previously mentioned, cultural characteristics such as values, beliefs, and societal practices can determine to a certain extent the level of acceptance and rejection of the child with a disability. Much of the literature on parental attitudes toward their children with disabilities explores attitudes of parents of Middle Eastern descent, namely Pakistani and Bangladeshi parents. The people in these cultures with notoriously strong religious beliefs may be subject to stigmatization concerning their perspectives towards disability (Bywaters et al., 2003). The minority of parents in Pakistan and Bangladesh attributed their child's disability to an act of God, either as punishment, God's will, or a test. Other parents attributed their child's disability as a consequence of illness or treatment, either that experienced in pregnancy or that experienced by the child in early childhood. Still other parents recognized that consanguinity, a customary practice, explained the disability. Many parents acknowledged medical reasons along with their religious explanations while others disregarded religious explanations altogether despite the views of the extended family (Bywaters, et al., 2003).

Accepting alternative explanations in addition to explanations of religion for having a child with a disability opposes the negative stereotype held against this culture that children with disabilities are treated poorly and not accepted in the family. However, the parents received negative attitudes within these communities themselves, upholding this stigma by blaming the mother and leaving the care of the child exclusively in her hands. Therefore, although many of the parents, despite their religious beliefs, accept their child with a disability, they are caught in socially constructed circumstances that do not leave them with much knowledge of access to important services such as education (Bywaters, et al., 2003). On the other hand, and equally important, is the lack of access to educational services because of the beliefs held by the mothers towards their children and their potential to succeed; this despite India's continuing effort to provide education for all (Jacob, 2005). Furthermore, this obvious inconsistency within a culture complicates how service providers understand the socially constructed view and how their programs can target the right people in developing positive attitudes towards the inclusion of children with disabilities into the education system.

A study by Ansari (2002) on parents, also of Pakistanian decent, and their position regarding accepting or rejecting their child with a disability, looked specifically at non-urban families as their attitudes might be held by stronger religious traditions and less influenced by the changes in attitudes seen in the urban communities. Members of the community and parents of children with disabilities in rural communities were more accepting of physical than intellectual disabilities. As well, the social burden for the mothers was not as great with a child with a physical disability as opposed to an intellectual disability (Tangri & Verma, 1992). However, the child with an intellectual disability was treated equally and not less warmly than the child without a disability. The gender of the child had no relevance for acceptance or rejection by these parents; however, the gender of the parent emerged as noteworthy. The mothers were not as accepting or warm towards their children with physical disabilities as the fathers were. Several reasons were given for this finding including a weakened bond between mother and child, a feeling of blame and responsibility for the state of the child, and a sense of failure when the child did not develop normally (Ansari, 2002).

Parents throughout the world have been advocating for the rights of their children to education and opportunities that are readily available to those without disabilities. (Gaad, 2004). Parents as much as anyone in the sub-culture in which they live, are subjected to socially constructed views, beliefs, and values. However, they have a major influence on the quality of life they provide for their children and are instrumental in changing socially constructed views. Looking at all of the literature from around the globe, one can see that parents are not alone in fighting for the rights of their children with disabilities.

Conclusion to Part 2

Even though the trend has been an increase in positive attitudes towards those with disabilities throughout the world, past research shows that tradition-based communities display more positive attitudes while those communities considered modernized display more negative attitudes towards disability (Reiter, Mar'I & Rosenberg, 1986). However the current literature, because of a global movement establishing laws and policies for inclusive education, shows diverse opinions regardless of traditional or modernized communities. Cultural characteristics strongly influence the attitudes of teachers and parents towards the inclusion of children with disabilities into regular education classrooms. However, although inclusion is a major step towards accepting these children as valuable members of each society, acceptance physically into the classroom is not enough. Attitude leads to a behaviour and becomes behaviour. Literature seems to have established greatly perceived attitudes of teachers and parents but more needs to be found on the perspectives of disability issues from individuals with a disability. Then perhaps there may be answers to attitudinal and social change. The implications for these new directions of research are many. Not only are the voices of the individuals with disabilities more powerful, but they let us into a world otherwise unknown nor really understood. The social construction of disability is complex and differs for every culture and sub-culture. However, understanding specific cultural characteristics and how they influence the perception of disability can not only aid those who are directly involved with these children, such as teachers and peers, but also help to move forward the rights of all people to proper education and other services. Understanding the social constructions of a society can provide a base onto which other disciplines, such as physical education, can build. This understanding will, in turn, assist service providers in a specific domain to better implement such programs into the particular culture.

PART 3

PHYSICAL ACTIVITY AND DISABILITY

Physical activity and Health

Since the current study will be looking at disability within the context of physical activity, a brief discussion about physical activity is necessary. This discussion will also provide a backdrop of the current global recommendations of physical activity participation and the state of concurrence to those recommendations. Furthermore, a discussion regarding people with disabilities and the current situation, patterns, and barriers to their participation in physical activities will ensue.

According to Canada's Physical Activity Guide (CPAG) to healthy active living (2003), in order to stay healthy or to improve overall health, Canadians need to spend an accumulated one hour of light effort activity most days of the week. The total accumulated time spent active is inversely proportionate to the amount of effort while engaged in the activity. This means that the more moderate or vigorous the intensity of the activity becomes, the less total time per day is needed to achieve health benefits. Accumulated time means that the activity does not have to be performed all at once. Rather, periods of at least eight to ten minutes totaling one hour if performing light intensity activity (Le Masurier, 2004), or thirty minutes to one hour if performing moderate intensity activity, are sufficient to stay healthy (CPAG, 2003). Research does not support positively correlated health benefits for activity bouts less than eight minutes (Le Masurier, 2004). Congruent with Canada's recommendation is that of the World Health Organization's (2006a) which states that the accumulation of thirty minutes of moderate physical activity most days of the week is sufficient. The activities performed should be chosen from three categories: endurance, flexibility, and strength (CPAG, 2003). While endurance and flexibility should be performed most or every day of the week, strength building activities need only be performed two to four days a week (CPAG, 2003).

Much research has been conducted on the health benefits of regular participation in physical activity as well as the health risks for physical inactivity. To summarize, some of the benefits of regular physical activity include better overall health, improved fitness, better posture and balance, increased self-esteem, weight control, stronger muscles and bones, feeling more awake, energetic, and more relaxed, decreased stress, and continued independent living in later life (CPAG, 2003). Conversely, health risks due to inactivity include premature death, heart disease, obesity, high blood pressure, adult-onset diabetes, osteoporosis, stroke, depression, and colon cancer (CPAG, 2003). As well, according to the World Health Organization (2006a), additional risks of inactivity include chronic disease morbidity and mortality in both developed and undeveloped countries. While the benefits and risks are clear, more than 60% of the global population does not meet the minimum daily requirements for overall good health (World Health Organization, 2006a). In fact, obesity has been declared a world-wide epidemic (WHO, 2002a) tripling in prevalence for Canadian youth (Tremblay & Willms, 2003). The obesity rise, in Canada and worldwide, is linked to physical inactivity (Tremblay & Williams, 2003; WHO, 2003a) despite heightened awareness and international initiative efforts to enforce physical activity policies in both developed and developing countries, as well as marketing strategies to increase worldwide participation (WHO, 2002b; 2003b).

In addition to the aforementioned health benefits including positive mental health and an increased life expectancy, there are economic and social benefits to regular participation in physical activity (Lankenau, Solari, & Pratt, 2004; Plotnikoff, Mayhew, Birkett, Loucaides, & Fodor, 2004). Governments (both health and sport ministries) recognize the value of physical activity and have, in Canada for example, tried to promote and encourage further participation in physical activities on a regular basis. Together with WHO's Global Strategy on Diet, Physical Activity and Health, governments are encouraging regular participation by discussing policies around strategic partnership between ministries within a government, collaboration with other national actions, access to physical and social environments, economic incentives to regular participation, education and promotion of physical activity within schools and health care systems, and inclusion for all (Lankenau, et al., 2004).

Of specific interest to my particular study, schools are one place where many children are given the opportunity to be active. As such, policies are being discussed around active living as being a part of the education process for the promotion of lifelong physical activity (Lankenau, et al., 2004). Specifically, WHO's Global School Health Initiative, which began in 1995, seeks to "mobilize and strengthen health promotion and education activities at the local, national, regional, and global levels" (WHO, 2006b). One of the major goals of this initiative is to, through schools, improve the health of students, staff, and family members as well as members of the greater community. A 'health-promoting-school' can achieve this by "constantly strengthening its capacity as a healthy setting for living, learning and working….by creating conditions that are conducive to health (through policies, services, physical / social conditions, prevent leading causes of death, disease and disability, and influencing health-related behaviours: knowledge, beliefs, skills, attitudes, values, (and) support" (WHO, 2006b). In summary, to increase the regular participation in physical activity enough so as to achieve health benefits, policy-makers in education and culture need to focus on: "strengthening national policies related to physical education, physical activity and Sport for All in schools; implementing sufficient physical education programs by trained teachers in school curricula; providing sufficient playgrounds and sports facilities on school premises; making schools' sport facilities available for public use; and increasing physical activity in cultural and leisure programs and events" (WHO, 2006b).

Relating to the previous discussion on schools and the promotion of physical activity, even if policies and structures are in place to provide opportunities for regular physical activity, there may be other factors that contribute to the low participation rate. In fact, much literature has been published on the patterns of physical activity with attention to factors such as age and gender (e.g. Trost, Owen, Bauman, Sallis, & Brown, 2002). Personal factors represent a large number of explanations regarding the motivation to participate regularly in physical activity as well. Some personal factors include personal barriers to activity such as time and money, expected benefits, knowledge about health and exercise, perceived health and fitness, stage of change, self-efficacy, self-motivation, and self-schemata, as well as age and gender (Trost, et al., 2002). Other personal factors involve demographic variables (i.e. marital status, education, ethnicity, and household type, size and income) living environment (i.e. rural, urban, access to facilities), behavioral variables (i.e. smoking and drinking status, health problems, past injuries from physical activity), and social (i.e. number of friends who exercise) (Plotnikoff, et al., 2004). The following section will discuss the similarities and unique determinants of physical activity participation for people with disabilities.

Physical Activity and Disability

Although much literature has been written on the physical activity patterns of the general population (e.g. Plotnikoff, et al., 2004), relatively little is known about the relationship between physical activity and individuals with a disability (Stanish, Temple, & Frey, 2006). What is known is that people with disabilities are, on average, less physically active than people without disabilities (Heath & Fentem, 1997; US Department of Health and Human Services, 2000). Furthermore, other studies indicate that youth with physical and sensory disabilities show lower physical activity rates than their peers without disabilities (e.g. Longmuir & Bar-Or, 2000). In the United States, when comparing leisure time between individuals with disabilities and those without disabilities, 56% compared to 36% respectively, did not engage in leisure time activity. Moreover, only 12% of people with disabilities compared to 16% of people without disabilities met the minimum daily requirements for health benefits (US Department of Health and Human Services, 2000).

Much like the general population, physical, social, and personal factors contributing to the level of participation in physical activity are important for people with disabilities. Furthermore, there may be additional barriers to participation for this latter group (Stanish, et al., 2006). Conversely, physical activity may provide a context within which persons with disabilities can escape society and their responses to disability (Goodwin, Thurmeier & Gustafson, 2004) and play an important role in how people with disabilities define themselves (Groff & Kleiber). In general, physical activity can promote positive self-images including personal capabilities and potential, independence, and self-actualization (Henderson, Bedini, & Hecht, 1994; Taub, Blinde, & Greer, 1999). These positive outcomes of physical activity can also help to redefine physical capabilities as coordinated, strong, agile, flexible, and toned, while counteracting the negative stereotypes of having a disability (Blinde & McClung, 1997). Furthermore, when participating in physical activities, people with disabilities are afforded the opportunity to form their own identities and to show others that they were capable of being 'normal'; to exist outside of their 'disability' (Goodwin, et al., 2004). Barriers and other facilitating factors that explain regular physical activity participation include: demographic, biological and behavioural attributes, psychological, cognitive and emotional factors, and social, cultural and physical environmental factors (Stanish, et al., 2006). Although the following discussion on barriers is specific to people with intellectual disabilities, some factors are transferable to those with physical disabilities as well.

Factors influencing physical activity participation for individuals with a disability

Congruent to the general population, as individuals with intellectual disabilities age, their level of activity decreases. Gender on the other hand, does not appear to affect activity levels (Robertson, Emerson, & Gregory, 2000; Emerson, 2005). One explanation for this is the reasoning that both genders lead mostly sedentary lives. Only those individuals with fewer behavioural and health problems are reported to be more active (Emerson, 2005; Robertson, et al., 2000). Walking is the most common activity for individuals with intellectual disabilities who participate in leisurely physical activity, unfortunately, the intensity level that they walk at is not sufficient enough to meet the recommendations for health benefits (Temple & Walkley, 2003b). Other common activities include cycling (as transport), dancing, participating in the Special Olympics, chores, and work (Frey, Buchanan, & Rosser Sandt, 2005).

Studying the aforementioned personal barriers to physical activity for the general population (knowledge, perceived health, stage of change, self-motivation, and so forth) is difficult to measure in those with intellectual disabilities because of cognitive delays (Stanish, et al., 2006). However, Frey, et al., (2005) conducted interviews with subjects, their parents, and their supervisors on the determinants of physical activity participation. Their findings indicated that many of the same variables affecting inactivity, such as time, money, and perceived benefits such as feeling good mentally and physically, were similar to those barriers and benefits reported by the general population. However, Messent, Cooke, and Long (1999) found additional barriers such as lack of control over their own environment and lack of opportunities to participate as significant. Regardless of the reasons why this population does not participate in regular physical activity, their largely sedentary lifestyle mimics that of the majority of the global population's (60%) (WHO, 2006a) who do not meet the required levels of activity (Stanish, et al., 2006).

Segregated day centers for people with intellectual disabilities were found to be negatively correlated with physical activity participation (Emerson, 2005). Explanations by Temple & Walkley, (2003a), Frey et al., (2005), and Messent et al., (1999), include a lack of staff motivation to provide physical activities, a lack of knowledge and education on physical activity, and high client-to-staff ratio, respectively. Disturbingly, Frey and his colleagues (2005), found that support systems for this population were communicating negative messages about physical activity, encouraging sedentary behaviours (so that they could be supervised), and claiming a concern about clients 'over doing it'. This all occurred despite clients' desires for social engagement and physical activity. Physical barriers to participation include living arrangements, transportation, and the location of facilities. More research is needed to determine whether less restrictive or more restrictive living environments hinder physical activity participation as two opposing views were found by Robertson, et al., (2000), and Rimmer, Braddock and Marks (1995).

Conclusion to Part 3

There are many similarities as well as differences in patterns and prevalence rates with respect to the participation in physical activity between people with and without disabilities. Many published studies outline the relationships between physical activity and health for all ages in the general population but relatively few studies exist with that focus for people with disabilities. Given the global strategies initiated to increase participation, initiatives need to include people with disabilities. As well, the inconsistency of policies regarding, and available services for, persons with disabilities worldwide makes programming and promotion of physical activity difficult therefore, more research is needed in documenting the relationship between disability and physical activity. Furthermore, no known research exists on disability and physical activity from an International perspective and as such, my project makes an important contribution to the existing body of literature on disability studies.

CHAPTER 3 ~ METHODS

Introduction

This chapter provides an overview of the qualitative methods used in this study including the theoretical framework, data collection procedures, and analysis. A theoretical framework of social constructionism (i.e. Crotty, 1998) and a generic qualitative inquiry (i.e. Patton, 2002; Denzin and Lincoln, 2000) will drive the methods as well as my analysis. Included will be criteria to judge the trustworthiness of my study, in which my assumptions, subjectivity, and objectivity as a qualitative researcher are recognized.

Qualitative researchers may choose from a variety of different theoretical frameworks and methodologies to best explain a particular phenomenon. For my particular study, I chose to study physical activity for children with disabilities within educational settings from a theoretical perspective of social constructionism using methods of generic qualitative inquiry for data collection and analysis.

Theoretical Framework

Social Constructionism

Social constructionism is based on the notion that meanings are constructed and interpreted through interactions and engagements of individuals within specific contexts (Crotty, 1998; Schwandt, 2000). Without interpreting, there is no meaning. Meaning or reality is only recognized as such through the construction of human practices, language, understandings, and interactions with the world and within a social context (Crotty, 1998; Schwandt, 2000). Therefore, there is no true reality or 'valid interpretation' for what is seemingly the same phenomenon because realities are understood and interpreted differently from one context or culture to the next (Crotty, 1998, p. 47). Culture, in its construction, guides our behaviour and 'organizes our experience' (Crotty, 1998, p. 53). Moreover, "all reality, as meaningful reality, is socially constructed. There is no exception" (Crotty, 1998, p. 54). According to Marshall, (1994, p. 484) social constructionists 'emphasize the idea that society is actively and creatively produced by human beings', social worlds being 'interpretive nets woven by individuals and groups.' Therefore, the social and natural worlds are one in the same. They do not exist as separate entities working independently of one another (Crotty, 1998, p. 57). Understanding the social construction of our culture affords us a whole new perspective on the world in which we are a part. With this understanding comes an interpretation of how we are shaped to see and feel things. Put differently, "What is said to be 'the way things are' is in fact just 'the sense we make of them'" (Crotty, 1998, p. 64). To summarize, the ideology behind social construction is that only through our interactions with the world will meaning exist. Meaning is not a reality; it is not a fixed concept, but a construct (Crotty, 1998).

The qualitative inquirer develops themes relating to meanings socially constructed as well as meanings of individual experiences (Creswell, 2003). The interplay of the voice of the culture and my voice as the author, in part, create new meanings for a social reality (Denzin, 1997).

Methodological Approach

Qualitative Inquiry

Qualitative inquiry is a research methodology which holds its roots in empiricism (Rossman, 2003). That is, knowledge is acquired through direct experience with the social world. Generally speaking, qualitative research is "a situated activity that locates the observer in the world" (Denzin & Lincoln, 2000, p. 3). Furthermore, qualitative research is a method of inquiry that seeks to understand social phenomena within the context of participants' perspectives and experiences, (Merriam, 2002). In essence, qualitative data describe or tell a story by capturing and representing individuals' personal perspectives and experiences (Patton, 2002). In order to understand these relationships between world (context) and perspectives, and to make them visible, qualitative researchers use a set of interpretive material practices. These material practices including interviews, field notes, conversations, recordings, photographs, and memos to the self, are used to represent the world and thus the social phenomenon under investigation (Denzin, & Lincoln, 2000). Data obtained through material practices are interpreted and developed into themes (Creswell, 2003) which are used to create new understandings of the social phenomenon (Rossman, 2003). Qualitative research does not favour one particular method over another (Denzin & Lincoln, 2000). Therefore, many different methods of data collection and analysis are possible.

When attempting to obtain clarity around my proposed topic of the social construction of disability and physical activity in an educational context in Thailand, two strategies helped me to understand the foundation of my research: Patton's (2002,

p. 13) guiding questions and options for methods decisions and Maxwell's (2005) 5 Component Model to designing a qualitative study. In addition, themes that are ideal to a qualitative study were considered, which included Design Strategies, Data Collection and Fieldwork Strategies, and Analysis Strategies (Patton, 2002, p. 40).

This project did not set out to inform action for change (Patton, 2002). Rather, the intention of this project was to provide a description of physical activity for children with disabilities in educational settings in Thailand and through this description, to understand the Thai culture's view of disability. Since in North America there is little known about disability in Thailand or physical activity for children with disabilities in schools in Thailand, using qualitative inquiry enabled me to explore and generate an initial understanding of these areas.

Challenges and Strategies of Qualitative Studies

Social researchers (i.e. de Laine, 2000; LeCompte & Schensul, 1999a; Berg, 1995; Lee, 1993; Hunt, 1984) have noted some inherent challenges and subsequent strategies to qualitative research: attitude towards the research context, gaining entry, and communication. The structure of this project shares some of these common as well as specific challenges and I attempted to employ the following strategies to guide my approach in the data collection process. As an outsider to the culture in which I was exploring, it was my responsibility to consider my attitude towards this project and the possible outcomes. Not only did I have to consider my attitude towards the culture I was entering in terms of the differences from my own culture but I also had to consider my motivation for carrying out this project in Thailand (Berg, 1995).

As it turned out, it appeared that I needed to explain to directors and teachers at the schools for children with disabilities that my motivation for studying in Thailand bore no judgment or quest for change. My presence and request to use the specific school settings as a context for my thesis was met with what appeared to be apprehension and uncertainty as to my stated intention. However, when I explained that I have an interest in the areas of physical activity and disability and that currently there is limited research on disability in Thailand, all teachers and directors seemed satisfied and were more than willing to participate. Through additional conversations, I tried to make it clear that I was there to learn. When teachers would explain an aspect of their school or program to me and then ask "Is that okay?" I would divert my answers to avoid being portrayed as any sort of expert. Taking on a learner's position allowed for an attitude of "being *with* and *for* the other, not *looking* at" (de Laine, 2000, p. 16). This attitude portrayed to the participants a behaviour focused more on participation and less observation (de Laine, 2000) and helped in gaining entry to the schools as well as maintaining a mutual trusting relationship throughout the data collection process.

Gaining entry into a research setting is "the first and most uncomfortable stage of fieldwork" (Wax, 1971, p. 15) and according to Lee (1993, p. 133) "is a precondition to social access." Since qualitative studies require the researcher to immerse themselves in the culture in which they are exploring, the challenge of gaining entry into the culture is one that I focused on before attempting to collect any data. Berg (1995) suggests that learning as much as possible about the culture before becoming a participant in it helps to get a sense of routine practices and beliefs. Of great importance to gaining entry is to establish a rapport through trust and communication with each correspondent and to identify key informants within each setting (Berg, 1995). Key informants are individuals who help integrate the researcher with the research setting (Patton, 2002; Alty & Rodham, 1998). In my case, key informants were identified in each of the school settings as well as two key informants external to these schools (to be discussed in more detail under Research Sites).

I was fortunate enough to have made a two month visit to Thailand a few years before returning to collect data for this thesis. Therefore, I was already familiar with parts of the culture and the environment in which I would be working. When I arrived in Chiang Mai, I made appointments to meet directors and teachers at each of the schools for children with disabilities. I made several more visits to each school to obtain consent for use as a research setting as well as to gain rapport. During these visits I was asked to participate by joining physical education classes and other school activities irrelevant to my specific project. I would not only engage in naturally occurring conversations regarding my project but ask general interest questions about various aspects of the Thai culture and local events. I believe my overall interest in Thailand and willingness to participate helped to foster a trusting relationship with my key informants and interview participants (Hunt, 1984).

Being that I was going to live and conduct my research in a country in which I did not speak the native language, communication in all forms was significant to establishing rapport and for effective two-way communication. I made a constant effort to learn the Thai language and used it in the schools as much as possible.

Teachers and students seemed to appreciate my willingness to speak the little Thai I knew before speaking English. Having traveled to countries in previous years where the native language was not English provided me with experience to communicate effectively by talking slower, using only relevant words, and trying to avoid slang words and phrases. Most importantly, being patient and attempting to speak and understand Thai were behaviours that were effective in establishing trusting relationships. The relationships formed enabled the interviewees to feel more comfortable with my intentions for being there and allowed me to explore my project in greater depth.

Emergent Design Flexibility

Qualitative inquiry studies cannot be exhaustive in terms of specific variables or sampling plans because the design unfolds as the fieldwork unfolds. However, the study will identify initial focus questions and data collection methods based on the understanding that the approach is flexible and that the design will emerge through continual fieldwork. This open-endedness is the nature of naturalistic inquiry (Patton, 2002). Although I did enter this project with a strategic framework from which the design of my study stemmed, new contexts, opportunities, and directions presented themselves through informal conversations, observations, and interviews. I took advantage of exploring these opportunities and subsequently, new questions and levels of understanding were achieved.

Research Sites

Data collection was carried out at three schools for children with physical disabilities in Chiang Mai, Thailand. Schools for children with disabilities in Chiang

Mai are also set up to accommodate children whose family live far from the school and therefore not able to make the daily commute to the school. Most of the children at all three special schools live at the school. Further details about the research site will be discussed in the results section A.

The 'gymnasium' at all of the schools consists of an open concrete area and basketball hoops. All of the physical education classes were held in this area except for when it rained. During the rain, physical education classes were either held in the open, covered cafeteria area or in a covered area next to the physical education teachers' offices. All three special schools and the mainstream inclusive school are located within the Chiang Mai school district.

Data Collection Methods

Traditional qualitative fieldwork methods, in addition to being utilized by newer and very different approaches to qualitative research, are used in a mixed method approach providing multiple perspectives for a given question or set of questions (Patton, 2002). Traditional qualitative data collection methods include, although not exhaustively, interviews, field-notes, observation, casual conversations, and documents.

The research process and my stay in Chiang Mai lasted for a total of two months. Actual data collection (i.e. interviews) lasted for one and a half months. Before interviews could begin, information letters and consent forms were translated at the Chiang Mai University Language Institute.

Key informants remained a vital aspect to the entire data collection process and ultimately to my understanding of the main themes of the project. They not only provided perspectives and teachings on cultural beliefs and practices, but were also instrumental in helping me gain entry to the research settings. The key informants were not necessarily interviewed. All but one was part of the school environment and all spoke fluent English. They volunteered to be involved in the research project whenever they were available whether it was to greet me at the entrance and show me around, act as an interpreter during naturally occurring conversations, or provide additional support during interviews.

Data was collected through interviews, documents, non-systematic observations (field notes), and informal conversations. Before data collection could begin, I met with directors and teachers at each of the special schools to gain consent of conducting research at these schools. Based on conversations in the initial meetings regarding the intent of my study as well as my role as a participant researcher at the schools, I was directly granted approval by all three directors. Teachers at the university and the inclusive mainstream school also provided consent.

Field notes were used to record my non-systematic observations. Field notes were used before and during interviews and lasted for the duration of my stay in Chiang Mai. The observations recorded in my field notes, along with informal conversations with teachers and key informants at each of the special schools, were instrumental in creating a description of the research sites and provided additional avenues of exploration for the interview questions. In addition, my field notes were used during the analysis process and as a reference for the discussion.

Semi-structured interviews were conducted using an interview guide approach, which Patton (2002) describes as questions prepared based on predetermined subject areas. My initial interview questions focused on information about the students who attend the special schools, the meaning of disability in Thailand, and a description of the physical education programs at the special schools (refer to Appendix A for the Interview schedule for teachers at the schools for children with disabilities). These areas of inquiry were pursued with each interviewee, yet I, as the interviewer using an emergent design flexibility approach, was free to explore, probe, and ask questions that illuminated and clarified particular subject areas. Based on answers to the initial interview questions, as well as new topics that were explored within the interview dialogue, new questions were added to the interview schedule throughout the data collection process. Additional interview questions emerged through naturally occurring conversations and as patterns appeared in the data. Collectively, these new areas of exploration were also used in follow-up interviews to clarify discrepancies and to test the consistency of the information. Ultimately, I was able to provide a detailed description of people, places, and ideas, a term described by Patton (2002, p. 437) as "thick description."

In addition to interviewing teachers and directors at the schools for children with disabilities, I was afforded the opportunity to interview instructors in the Physical Education and Special Education departments at the university. Furthermore, a teacher at one of the special schools acted as the key informant to the inclusive mainstream school, providing access to the school as well as acting as the interpreter. Interview questions changed only for the professors at the university and focused on topics specific to their areas of expertise (refer to Appendices B.1-B.2 for a sample of interview questions for the university professors).

Interviews were scheduled based on the convenience of the interviewees and all interviews were conducted at the schools where the teachers and directors worked. The use of an audio-recording device was discussed and consent was obtained for its use in the formal interview settings. When the use of an audio-recorder was inappropriate, such as during naturally occurring conversations, information was recorded in my journal as soon as possible following the interaction. Although I requested a quiet location in which to carry out the interview, none of the rooms possessed this quality. Therefore, I began the process of keeping response summaries to questions asked.

An interpreter was used during the majority of interviews, regardless of whether the interviewee was fluent in English. This was to ensure that questions were being asked and translated back to me as close as possible to word-to-word translation. My main interpreter was a fourth-year student at the University of Chiang Mai with a resume that included interpreting for the United States of America Army during the Tsunami relief work in 2004. We met on several occasions prior to conducting interviews to establish a relationship with each other and to negotiate the roles we would play in the interview process. We discussed in-depth, my research project in order to provide him with an all-encompassing understanding of the subsequent questions. Together, we went through each question and challenged the words used and the meanings they would hold for the Thai teachers. As a result, several questions were re-worded to convey a question that would stimulate discussion of the intended topic. Documents obtained as a data collection method were available only in Thai; therefore, my main interpreter translated these documents verbatim.

In addition to my main interpreter, a teacher one of the special schools took on the role of interpreter for a physical education teacher at this same special school, as well as for a physical education teacher at the mainstream inclusive school to which she had access. My main interpreter did not participate in these two interviews due to inaccessability to the mainstream school as well as a scheduling conflict between him and the physical education teacher at the special school. The same preparation process with the second interpreter regarding the intent and content of my research questions was carried out in the same manner as with the main interpreter.

Two teachers from separate special schools stated that they would not require a translator and I concluded that, based upon strong Thai culture of politeness, it would be disrespectful of me to oppose their request. Therefore, questions that appeared to be the most difficult were re-addressed in follow-up interviews after discussions with other key informants informed revised versions.

Purposeful Sampling and Participants

Purposeful sampling is an efficient technique to gathering information rich data and is based on the logic of gaining 'in-depth understanding' from individuals or other forms of text closely tied to the phenomenon in question (Patton, 2002, p. 46). These sources can provide depth or even variability into the central phenomenon under study. Therefore, the participants were chosen based their relevance to the research questions and purpose of the study (Patton, 2002). Purposeful interview participants in this study included classroom and physical education teachers at the schools for children with disabilities. The director at one of the special schools was also interviewed. Directors at the other two special schools were not available to interview during the duration of my stay in Chiang Mai. Participants were asked to provide their knowledge and perspectives about physical activity and disability within the specific context (school for children with disabilities) each of them worked in either as an academic teacher, director, or physical education teacher.

Snowball sampling, another form of purposeful sampling (Patton, 2002) was also used. In my explorations for documents at the university education library, I was put in contact with instructors from the Special Education and Physical Education departments by a professor in the library who knew English and wanted to help. Subsequently, areas relevant to my research project were explored and were instrumental in creating a greater understanding of physical activity for children with disabilities as well as informing additional questions for the teachers in the special and regular schools. Snowball sampling also occurred when one of the teachers at one of the special schools asked if I was interested in interviewing a physical education teacher at one of the mainstream schools that accepts children with disabilities. In total, nine different teachers were interviewed: five male and four female.

Informed Consent

This study received ethics approval from the Faculty of Physical Education and Recreation Research Ethics Board on May 11, 2006 (refer to Appendix C for the Certificate of Ethics Approval). Free and informed consent was obtained by the director at each of the three schools for children with disabilities in order to include them in this study. Free and informed consent was also sought and obtained from all of the interviewees including teachers and directors from the three special schools, two university professors at the university and the physical education teacher from the mainstream inclusive school. Information letters and consent forms were translated at the Language Institute at the University of Chiang Mai in order to accommodate all interviewees with both an English and Thai version (refer to Appendices D.1-D.4 for the English Version of information letters and consent forms and Appendices E.1 to E.4 for the Thai version). Prior to conducting interviews, I or through my interpreter, verbally explained the purpose of the study as stated in the consent forms and answered any questions the interviewee had about the study or the interview process. It was made clear to each interviewee that they could withdraw from the interview at any time with no consequences and that all data collected up to that point would be removed and destroyed from the record upon request. No participant withdrew from the study.

All interviews were audio-recorded and later transcribed verbatim. All transcripts, audio-recordings, and field note entries were locked within my living arrangements in Chiang Mai, Thailand. Audio-recordings saved to my computer were placed in an account accessed only by a password known to me. I clearly explained to all participants that they would receive pseudonyms to protect their identities in the write-up of the project. As stated in my information letter, all data will be stored for a minimum of five years upon completion of the study, after which it will be destroyed. It was made clear to all participants that the results of the research study will be used towards a Master's thesis, potential journal publication, and/or conference presentations. There were no predicted risks to participating in the interviews; however, interviewees were well-informed that all questions did not need to be answered if they were uncomfortable with them for any reason (culturally inappropriate or otherwise).. All interview questions were answered by all interview participants.

Data Analysis

Summaries of information obtained and subsequent new avenues explored assisted with the on-going process of data analysis throughout the duration of data collection. An in-depth analysis followed the completion of the interviews. All audio-recorded interviews were transcribed verbatim and I familiarized myself with the data by reading through all transcripts and documents. A qualitative method of content analysis (Patton, 2002; LeCompte & Schensul, 1999b) was used which incorporated three levels of analysis. The first level of analysis involved identifying individual data items at the transcript level. Second, recurring data items revealed patterns of meaning into which themes were formed. Third, the different themes collectively provided a context of the special education system to which physical activity for children with disabilities in an educational setting could be examined

Trustworthiness of Data

Qualitative inquiry and analysis speaks in a personal voice. As the researcher, I was an instrument used in the methodological procedures; the "perspective the researcher brings to the study is part of the context for the findings" (Patton, 2002, p. 64). Therefore, developing and having a sense of self-awareness of my own perspectives and assumptions benefited my fieldwork strategies as well as the subsequent analysis. I attempted to use my acknowledged subjectivity to enhance my inquiry, observations, and analysis. The term to describe taking ownership of one's perspective, understanding one's cultural and social influences, and enhancing self-awareness is reflexivity. Reflexivity is a process of "self-questioning" and "self-understanding" (Patton, 2002, p. 64). It prompts us to acknowledge and appreciate the origins of our own cultural, political, social, linguistic, and ideological perspectives and voices while simultaneously being open to and acknowledging the perspectives and voices of those in different contexts (Patton, 2002). I have previously discussed how I committed to an attitude of learning when entering the settings for data collection. Through a constant process of reflexivity, I questioned my interpretations and used follow-up interviews for feedback of them. Reflexivity can be assisted by the strategy of triangulation. Reflexive questions regarding those studied (participants), those receiving the study (the audience), and myself (as qualitative researcher) helped me to be attentive and conscious of my own perspectives as well as the perspectives of others (Patton, 2002). See Appendix F for more details taken from Patton's (2002, p. 66) reflexive questions for triangulated inquiry.

Several social researchers note how important the initial contact with potential participants is in collecting trustworthy data (Patton, 2002; de Laine, 2000; Lee, 1993; Hunt, 1984). Johnson (1975, p. 50) emphasizes that "the achievement of successful entrée is a precondition for doing the research." Therefore, making initial contact was important for me in establishing impressions of the school setting as well as for the teachers to establish impressions about me as a researcher. By building a mutual relationship of trust, respect, and cooperation, participants were more likely to see their participation as worthwhile. As previously mentioned, my intent to conduct this project in Thailand was questioned by all of the interview participants. The way in which this initial entry was negotiated had bearing on how both my self as a social researcher and the project were viewed. Subsequently the extent to which participants were willing to cooperate with the project and the validity of the data collected bore weight on the initial entry process. Fortunately, participants were interested in my focus on physical activities for the students with disabilities. In addition, all participants confirmed that there was limited available research on disability issues in Thailand and the subsequent need for more. Therefore, it appeared that a mutual level of understanding and trust had been formed.

Although an emergent design is a characteristic of this project, I have also carefully considered and followed a plan in data collection methods and analysis. First, I took steps to gain entry into the research settings by building a rapport with each participant. Through non-systematic observations, field notes, and interviews, I was able to explore my research questions in depth. At the near completion of the initial interviews, my academic advisor, Dr. Michael Mahon traveled to Chiang Mai, Thailand. During his visit, we discussed the progress of my project as well as future avenues to explore to add to the richness of the data.

Reflexivity is a process to acknowledge personal biases and respect multiple perspectives (Patton, 2002). My reflexive and field note journals were an honest attempt at achieving the process of reflexivity. Attending to these processes allowed my own learning and understanding to progress at the same time that the phenomenon

I was exploring was unfolding. Examples of reflexive questions/discussions from my journal include: "It seems to me that Canada and Thailand are very similar when it comes to views/behaviour/language about people with disabilities. They may seem behind in providing education for these children and the perspectives about the cause of the disability may be different but I'm realizing more and more that the majority of people here and back home view people with disabilities in many of the same ways"; "Is the PE classes and the amount of exercise/learning of skills good enough for the students?" The way games are played here for the younger students are different from back home. Things are more traditional and completely skills based rather than playing games using the skills. I was surprised at the gym class today because all we did is toss rings back and forth several times and that was it. That was it after running around the 'gym' 3 times as a warm up and then stretching. It seemed to me that the kids were capable of more....Then again when I think of what the kids with disabilities back home participated like in gym class, it doesn't actually seem that different."

Dissemination

Upon the completion of my data collection I composed a brief written summary of each of the interviews and looked for consistency as well as discrepancy in the data. During follow-up interviews, I sought clarification on issues that appeared to be in discrepancy. Information was deemed important regardless of whether follow-up interviews corrected a discrepancy or confirmed it. With the help of an interpreter and based on an initial analysis of the findings, I verbally summarized these findings to each interviewee. None of the participants were interested in a written copy of the initial findings. Participants appeared satisfied with my initial summary; however, due to highly regarded cultural customs of politeness, I again offered my email address should they have any additional feedback.

CHAPTER 4 ~ FINDINGS

Introduction

Analysis of the data collected yielded four sections of results: context of the study, conceptualization of disability, the new student, and physical activity. The latter two sections were the most important for exploring physical activity for children with disabilities within an educational context in Chiang Mai, Thailand. Subsequently, the new student and physical activity yielded two overarching areas of focus for understanding: the present situation of students with physical disabilities within the education system and the state of physical education programming as it relates to the quality of physical activity students with disabilities receive. In trying to organize my transcripts for comprehension, I first describe the special education system in Thailand as was explained and reported to me by teachers in the special education field. Three themes influenced my understanding of the special education system including the challenges of incorporating the 'new student' as students with disabilities become a part of the classroom, cultural expectations for students with disabilities to attend school, and rural locations of families as a factor influencing the enrollment of children with disabilities in special schools. Understanding the state of the special education system provided the context in which I could relate physical activity for students with disabilities in both the special and regular schools. Two themes here emerged: the provision of teacher training in providing physical education to students with disabilities, and the extent to which students with disabilities are enabled to meet the objectives for physical education set forth by the

Ministry of Education. A brief introduction to Thailand will further provide a context in which to understand the two areas of focus.

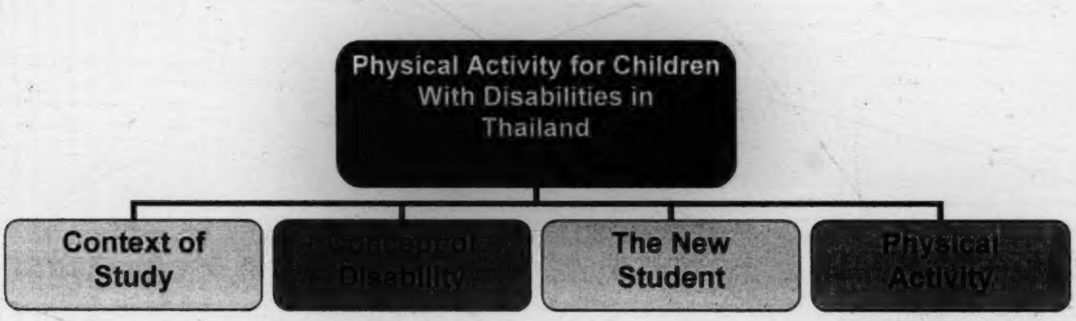
Physical Activity for Children With Disabilities in Thailand
Context of Study
Concept of Disability
The New Student
Physical Activity

Figure 1. The four main sections of results yielded from the data collection

SECTION A

CONTEXT OF THE STUDY

Introduction

The first section of results describes the context in which the study took place. Information regarding the geography, government, economics, and population status in Thailand is presented to increase a basic understanding of the context of the study. Of most importance, a discussion of the prevalence of disability in Thailand, the specific study context of Chiang Mai, and the schools for children with disabilities in Chiang Mai will be explored.

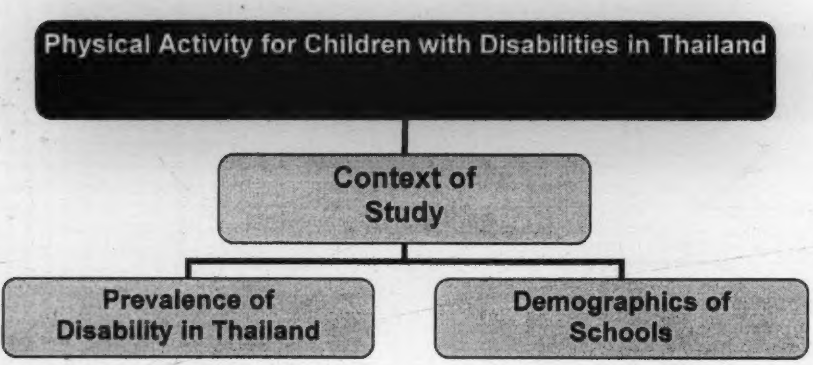
Physical Activity for Children with Disabilities in Thailand
Context of Study
Prevalence of Disability in Thailand
Demographics of Schools

Figure 2. Understanding the context of the study through the prevalence of disability in Thailand and through a detailed look into schools for children with disabilities

Geography

Formally known as Siam until 1939, Thailand is located in the Southeastern part of Asia. It consists of two distinct areas: a larger section to the north and a smaller peninsular section to the south. Thailand is boarded by Myanmar down the peninsula as well as in the northwest, Laos to the north and east, Cambodia to the southeast and Malaysia to the south. Two oceans also make up some of the border: the Andaman Sea to the southwest and the Gulf of Thailand on the east.

Government

Thailand is governed by a constitutional monarchy headed by the Chief of State King Bhumibol Adulyadej who celebrated his 60th year on the throne June 9, 2006. Although the country itself is governed by a Prime Minister, the people of Thailand celebrate the present as well as past Royal families devotedly, displaying pictures of the family in taxis, offices, schools, restaurants and huge billboards in main intersections of every town. The Royal family is so well respected that any form of disrespect (i.e. crumpling up bills of money, putting your foot on money, or saying anything disrespectful about the King or his family) is extremely frowned upon and can be tried before the courts. During the busy Sunday market in Chiang Mai at 6pm, for example, everyone immediately stops, removes their hat and silently stands for the King's anthem. Therefore, while the King holds no actual power in law making, his influence towards the country is apparent and the people of Thailand are extremely loyal to him and his family.

The ministries of the Thai government have historically come into power by military-established or by popular elections. The Thai government operates much like Western governments such as Canada with ministries responsible for certain sectors such as finance, education, health and welfare, and so on. Each of the seventy-three provinces are run by local governments and are further divided into districts, sub-districts, and villages (Tourism Thailand, 2006).

Economy

The economy in Thailand has made a significant comeback since the financial crisis of 1997 with a major boost in 2003 when it grew 6.9% and continued to increase in 2004 by 6.1% until the Tsunami in December of that same year. The economic improvement was credited with increased consumption of industrial and agricultural products complimented by an export boom even though the global economy at the time seemed to be at a stand-still. The year 2006 marked the record breaking year for export trade at 17% (Central Intelligence Agency (CIA) World Fact Book, 2007). Despite Thailand's recent economic boom, relative to other global economies Thailand is still considered to be a "developing" country (The World Bank, 2007). Although the United Nations (UN) Statistics Division (2006) states that "there is no established convention for the designation of 'developed' and 'developing' countries, or areas in the UN" the World Bank (2007) defines a developing country as "low and middle-income countries in which most people have a lower standard of living with access to fewer goods and services than do most people in high-income countries."

Population

According to a 2006 estimate by the Central Intelligence Agency (CIA) World Fact Book (2007), the population of Thailand is about 64,631,595 million people covering an area of 513,115 square kilometers (Tourism Thailand, 2006). Roughly one-third of the population live in urban centers such as Bangkok, the capital of Thailand, and Chiang Mai, also known as the Northern capital of Thailand (United Nations Economic and Social Commission for Asia and the Pacific (UNESCAP), 2005). Of the total population, the majority, approximately 70%, are between the ages of 15 and 64 while approximately 22% are between the ages of 1-14 years. The smallest population group is the elderly accounting for only about 8% of the total number of people (UNESCAP 2005). Thailand is a culturally diverse country made up of Thais (75%), Chinese (14%), and other (11%) (CIA World Fact Book, 2007) with a relatively recent strong Muslim presence in the south which within the last 10 years has contributed to major conflicts within the country (CIA World Fact Book, 2007). The dominating religion is Buddhism (94.6%), while Muslim (4.6%), Christian (0.7%), and other religions (0.1%) make up the minority of religions practiced in Thailand (CIA World Fact Book, 2007). A 2004 estimate by the CIA World Fact Book (2007) finds 10% of the population living below the poverty line.

Prevalence of Disabilities

The Asia-Pacific Development Center on Disability (APDCD) (2007) provides statistics from Thailand's National Statistics Office on the prevalence of disability in the country. Of Thailand's total population, estimated at over 64 million people, 1.8% (1,100,762) has a disability. Furthermore, of the 1.1 million people living with a disability, 76.5% live in rural areas including hill tribes. The type of disability and number of people diagnosed with such can be broken down into visual impairment (11.2 % or 123,157), hearing and communication (21.9% or 240,904), physical impairment (46.6% or 512,989), mental/behaviour (7.4% or 81,262), and intellectual/learning (20.2% or 222,004). The majority of people with a disability are between the ages of 25 and 59 years (47.3%) followed by people over 60 years of age (31%). Thirteen percent of people with disabilities are between the ages of 15 and 24 while 8.7% are aged 0-14 years (APDCD, 2007). There are however, many persons with disabilities in Thailand who have not registered themselves, or been registered by a family member as a person with a disability (Roeder, 2001). According to Statistics Canada's 2001 Participation and Activity Limitation Survey (2002), of the nearly 29 million people living in 10 provinces in Canada, 12% (or 3,601,270) were reported as having a disability Using this comparison, it is likely that the statistics on Thailand's disability population under-represent the total number of people with disabilities.

MY STUDY CONTEXT: Chiang Mai and Schools for Children with Disabilities

Chiang Mai

The province of Chiang Mai is located in the upper northwest part of the country, 700 kilometers north of Bangkok. Its capital city, Chiang Mai, is also referred to as the 'capital of the north' as it is Thailand's second largest urban center next to Bangkok. With a total population of 1.6 million people, the province is one of the largest in the country. Only 26.5% of Thai people living in Chiang Mai province live within a municipal, meaning that a vast majority live in rural settings and hill tribes. Consistent with the mandatory years of required education, the average number of years of education for people over 15 years of age is 6.6. Nearly 40% of children in Chiang Mai province aged 6-24 years do not attend school (UNESCAP, 2007).

The city of Chiang Mai is located amid a backdrop of lush green mountains, the most prominent of which is Doi (Mount) Suthep. Although there are numerous and historically important temples throughout the city, Doi Suthep holds one of the most famous and ancient Buddist temples in Thailand. It is also a city with a long history of providing education to children with disabilities. In fact, the director at one of the special schools stated that she moved to Chiang Mai specifically because it was progressive in providing special education: "…I moved to Chiang Mai because Chiang Mai there is many many ah school for…the disabilities." Although Rajabhat University in Chiang Mai has offered a bachelor degree in special education for ten years, Chiang Mai University (CMU) only started a program to train special education teachers in the last few years. For the remainder of this paper, 'Chiang Mai' will refer only to the city and not the province.

Demographics of the Special Schools

Three schools for children with disabilities in Chiang Mai were used to collect data on disability and physical activity through semi-formal interviews. One of the special schools that I visited has been in existence since 1939 while another special school opened in 1984. The early establishment of these two schools reflects their once non-government origins. Since the inception of the Education For All act (EFA) in 1999, the government has overseen the majority of special education programs and the subsequent construction of many new special schools (Roeder, 2001). The majority of the newer special schools are located just outside the city such as the third special school that I visited, which has been operating for about four years. Each special school is set up to provide education to children with a specific disability. In order to attend one of these schools, the disability must be diagnosed by a doctor. Some students are brought to the school with their disability already diagnosed while other parents think or know that their child has a disability but are unsure of the nature. In these situations the school will send the child to a doctor to determine if the disability is one in which the school can serve. While this process is meant to occur in all cases, a teacher at one of the schools indicated that often you can "tell by looking at them" that they have a disability and therefore do not need a formal diagnosis from a doctor to attend the school. There are cases of children with multiple disabilities attending each of the schools that I studied. The subsequent placement of these children into one specific school over another is based upon which school can best serve the needs of the child as determined by parents and school administrators including teachers.

The majority of children attending special schools in and around the city of Chiang Mai come from one of the eight Northern provinces. In addition, many of the children are from any one of a number of hill tribes in the northern region. The distance of hill tribes and other rural areas from the city has many implications for families with children with a disability; the first of which is obtaining information about the existence of these schools. All three schools reported that Non-Government Organizations (NGO's) as well as special education centers that now exist in each province send workers to hill tribes and rural areas to bring awareness that these schools do exist. Efforts are also made by some of the special schools to bring awareness about educational opportunities for children with disabilities living in rural areas. Although they cannot force parents to send their children to school, NGO's, special education centers and schools provide advice about the rights and educational opportunities available to these children.

The distance of the urban schools from the rural homes is also a problem in many ways because of the social culture that surround Thai families. Thai people are very family centered and do not tend to stray far from the extended family. Since all special schools are also boarding schools for those in need of such support, children from rural settings can end up attending school far from their families and may only see them once a year. This distance and subsequent separation from families strongly influences why many children start school at a much later age than is typical in Thailand or never attend school at all. All schools reported starting school ages as late as 11 to 22 years. There are other reasons for this late start and many are linked to the religious culture of Thailand, which is predominantly Buddism.

Upon admittance to a special school, students are given an intake assessment in the form of an interview with the parents and themselves if they are capable. The assessment involves obtaining disability-related background information on the child from birth to present, including basic motor and intellectual abilities. The purpose of the assessment is for grade placement and in some schools, for the Individualized Education Program. If the child has come from another school and completed a certain grade, then they will be allowed to enter the subsequent grade. If they have not yet attended school, they will be placed in Kindergarten. Sometimes because the age gap is so large between the child's actual age and the average age of students in the class, the student will be placed in a resource room to learn until he or she can enter grade one. One of the special schools has a general but not strict rule that if the child is under the age of ten, s/he will enter Kindergarten. If s/he is ten years or older, s/he will enter grade one after spending time in a resource room to prepare him/her for this grade.

Most special schools go to grade nine, some offer only up to grade six, while still others offer education up to and including grade twelve. In Thailand, students are required to complete nine years of mandatory education. For some children who have severe disabilities, the decision to leave school at the end of the required nine years is up to the parents and the teachers. Some parents pull their child out of school earlier than the mandatory nine years to bring them back home because they find the distance from home too great or they need help with the family business. Other parents pull their children out early because they and the teachers feel that the child has learned all that he or she is capable of learning. Often learning daily living skills is all that parents want or expect of their child. This is more evident within the population of children with physical disabilities as opposed to children who have hearing or visual impairments.

SECTION B

CONCEPT OF DISABILITY IN THAILAND

Introduction

The second section of results speaks to the influences that give meaning to the term 'disability' in Thailand. Specifically, it discusses how Thai people think about, and behave towards individuals with disabilities. The two sub-themes, beliefs and education, were found to help increase our understanding of how disability is conceptualized in Thailand.

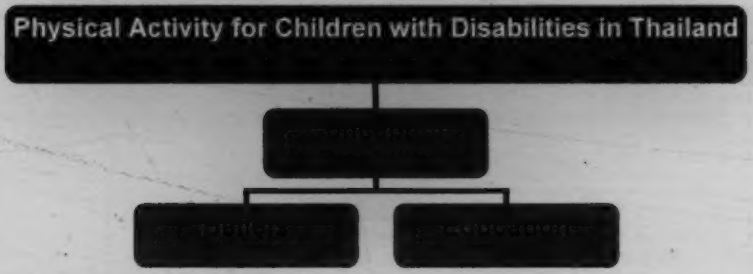
Physical Activity for Children with Disabilities in Thailand

Figure 3. Traditional beliefs and the education system as ways of understanding disability in Thailand

Influences of the Disability Movement- Beliefs and Politics

The first sub-theme under the concept of disability discusses the religious and political belief system that drive the way in which Thai people think about disability. The majority of Thai people practice Buddism and signs of the importance of this religion in the lives of Thai people can be seen in abundance throughout the country. These range from temples, to the many roadside shops selling Buddist representations, to colorful displays seen in taxis throughout the country, and on boats in south Thailand symbolizing good luck. In addition, every male is required to become a monk for a short period of time at least once in their life. Traditionally, the time frame has been three months but it is not uncommon to spend only one week in the Wat (temple) to receive monk merit. According to Buddist belief, to have a disability or to have a child with a disability is a sign of sin in a past life and now the present life is paying for it:

> "In Buddism we believe that whatever we are here it has, is the result of what you have done in your previous life. So, the people with the disability, many of us believe that you have done something in your previous life, that's why you pay back now. You cannot see, you might have done something with the animal, you punch their eye to be blind, and now you pay for it now." (instructor, university)

According to Buddist belief, if a child is born with a disability, the sin could have been committed by the parents or grandparents in a past life who are now paying the price with a child with a disability. However, if the disability is acquired sometime in the child's life (i.e. accident) then the sin is not considered the parent's; rather the sin is deemed the child's. As a result of this Buddist perspective, people with disabilities in Thailand are 'pitied'. 'Pity' in Thailand does not, however, carry the same connotation as in Western culture (Roeder, 2001). Instead, pity is played out in the form of empathy. Even though families may feel an element of empathy for their child, many feel a great deal of shame as the sin is overtly being displayed to the public. Attitudes towards individuals with disabilities in Canada, when I really thought about it, are not that much different from the attitudes expressed in Thailand. The only question that remained to me was 'on what do we base our attitudes?'

According to a Bangkok Poll on Disability (1999), of the 1,926 people surveyed in Bangkok and the eight main provinces, the predominant overall image of people with disabilities was that of sympathy. Specifically, 76.86% of people with a relative or friend with a disability and 92.15% of people without a relative or friend with a disability, felt this way. The number two ranked response showed that 12.85% and 4.18%, respectively, felt that people with disabilities should have equal rights as people without disabilities. Furthermore, 5.72% and 3.07% respectively felt that individuals with disabilities are just like individuals without disabilities.

In accordance with Buddist beliefs, Thai people, including some families who have a child with a disability, believe that people with disabilities should not do anything for themselves such as feeding, dressing, and bathing themselves. Referring to the Bangkok Poll on Disability (1999), the top two answers for "what else" people with disabilities should be given beside help and support from the community yielded 49.41% of people with a relative or friend with a disability and 27.27% of people without a relative or friend with a disability feeling that individuals with disabilities should be given welfare while 26.52% and 41.48%, respectively, felt as though people with disabilities should be skillfully trained. Furthermore, a small group (7.94% and 9.66% respectively) felt that society should provide accessible facilities and opportunities such as catching buses. An even smaller number of the people surveyed (6.61% and 4.45% respectively) felt that society should give individuals with disabilities a chance to show their abilities or skills.

According to an instructor at one of Thailand's oldest and largest post-secondary institutions outside of Bangkok, hereafter referred to as the 'university', the disability movement has been fairly consistent for the last 80 years:

> "That mean that the, when the government say it's important, so they will do something… It's not the push from the advocate the way in Canada or American has been done…"

It appears that advances for people with disabilities do not occur from parent advocacy or self-advocacy efforts of individuals with disabilities. Rather, advances in the disability movement occur when the government feels an issue is important.

However, the Royal family has a history of advocating for individuals with disabilities as well as influencing government actions towards disability issues. One of the instructors at the university as well as my translator disclosed that the King's grandson, who was victim to the 2004 Tsunami, had autism. His diagnosis influenced a sudden attention to individuals with disabilities, specifically children with autism. As explained by an instructor at the university:

> "Well I think within Thailand, Autism has been well accepted, even though its come after the blind and the deaf and stuff but people seem to feel sympathy or feel that you know this kid need to be help and things like that. You know, part of it is because the King grandson has autism so it has been the talk of the town. It's a lot of school and also the office of the government pay more attention and they also receive a lot of budget…"

After the death of the King's grandson however, this same instructor noted that services and funding for autism receded: "He died in Tsunami so everything kind of cooled down a little bit."

The King has not been the only influence for individuals with disabilities in Thailand. Before the King's Mother, her royal highness Princess Srinakharin's death, her work was devoted to improving the lives of people with disabilities. Since her death, one of the King's daughter's, her royal highness Princess Sirindhorn has continued her Grandmother's efforts in advocating for their rights and services. Much of her work is tangible in providing tools to improve their quality of life, education, and development. For example, her royal highness Princess Sirindhorn was responsible for providing Srisangwan School for Children with Physical Disabilities with computers to enhance their learning. It is important to note the Royal family's contributions to advocating for people with disabilities because as discussed previously, the Royal family has a strong influence on the government and the Thai people. Therefore, they appear to have significant influence on attitudes and behaviours towards individuals with disabilities.

Education – As a context to understanding disability

Educational reform has been the focus of the Thai government for a number of years and most notably since the 1997 constitution stating that basic education is the right of all Thai citizens (Constitution of the Kingdom of Thailand, 1997; UNESCO Bangkok, 2005). Furthermore, the National Education Act of 1999 advocating Education For All (EFA) requires this constitutional right to education to include those with disabilities (UNESCO Bangkok, 2005). Historically excluded from the education system, children with disabilities are now given the opportunity to receive twelve years of basic education. A previous law regarding children with disabilities and education stated that these children did not have to attend school and therefore, the majority did not. The Thai government is moving towards inclusive education (National Education Act, 1999; Carter, 2006); however, this process is costly and many structural changes need to be made to the education system before policies should be expected to be carried out effectively (special education instructor, personal interview, June 2006). For example, although the new law states that children with disabilities have the right to attend regular schools in inclusive settings (National Education Act, 1999), there are many factors that inhibit the effectiveness of this law. One such problem is the perspective of learning. Traditionally, education in Thailand has predominately been teacher-directed. The new laws and policies have changed the focus to student-centered learning which has resulted in resistance from teachers who are not willing to change their teaching strategies to meet the needs of students with disabilities (Carter, 2006).

Until recently, Thailand's education system required that children under the age of 15 complete six years of primary education. The number of mandatory years has increased to nine after which students can decide to further their secondary education to grade 12 and then go on to University, attend a vocational college, or work. Only a relatively few students choose to complete the remaining upper-secondary education. Although the attendance rate and number of educational years accomplished has increased within the last decade, Thailand may still contribute to the 100 million out-of-school children worldwide (UNESCO EFA Global Monitoring

Report, 2003/4). The Chiang Mai Disabled Center (2007) estimates that roughly 70% of children with disabilities in Thailand still do not attend school.

From the previous discussion on influences to the disability movement, it appears that the expectations of people with disabilities to participate in society are small. Consequently, there are related lower expectations for people with disabilities to receive education. According to the Bangkok Poll on Disability (1999), the third ranked response as to "what else" individuals with disabilities should receive from society was educational support. Of the people with a relative or friend with a disability, only 9.52% felt that individuals with disabilities should receive educational support compared to 17.05% of people without a relative or friend with a disability. Similarly, according to teachers in the special schools, some parents believe that education is unnecessary for their child with a disability. Consequently, a number of children do not attend school at an early age. The attitude towards education for children with disabilities will be discussed in further detail later on.

Summary of Sections A and B

An introduction to Thailand, Chiang Mai and the Schools for children with disabilities provided an overall contextual foundation upon which to refer the frameworks of the special education system in Thailand and physical activity for children with disabilities within an educational setting. An understanding of the cultural ideologies and the subsequent affects on the disability movement and education systems provided additional context for understanding these frameworks.

SECTION C

THE NEW STUDENT: Students with disabilities in the Education system

Introduction

In order to understand physical activity for children with disabilities within the education system in Thailand, I needed a framework in which to conceptualize these findings. Exploring the current special education system provided this framework. In addition, this exploration provided indications of how Thai culture constructs disability, and how this may influence participation in physical education. Themes that emerged enabled me to conceptualize the current state of education delivery for children with disabilities and ultimately, how these themes helped to frame my understanding of physical activity participation for children with disabilities within an educational context. From my interviews, three recurring ideas formulated into themes: challenges to the Education For All Act, cultural expectations, and location as an influence to receiving education.

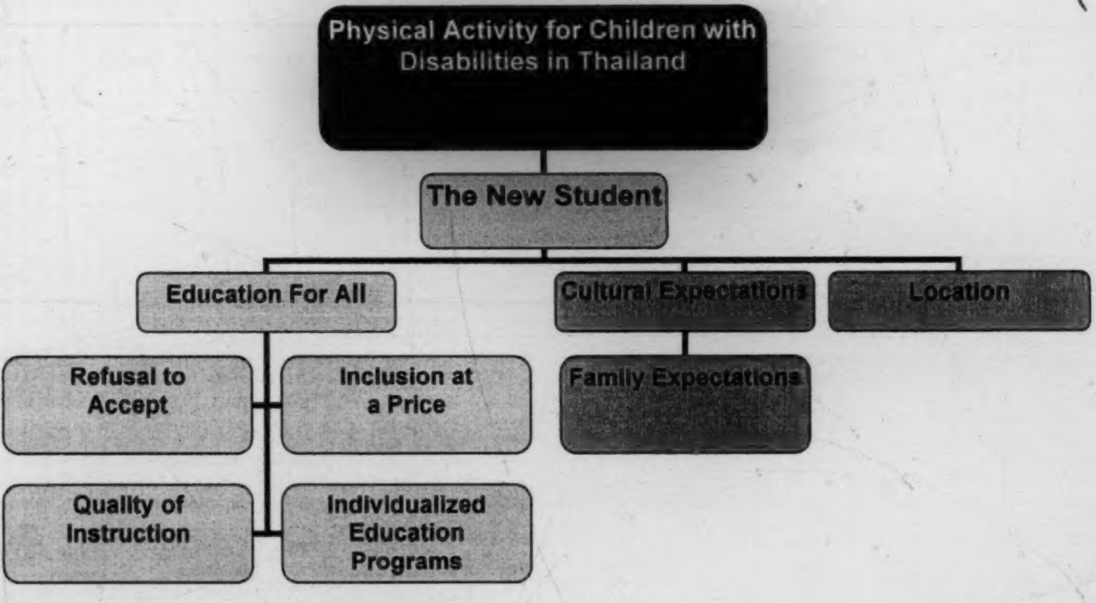
Physical Activity for Children with Disabilities in Thailand
The New Student
Education For All
Cultural Expectations
Location
Refusal to Accept
Inclusion at a Price
Family Expectations
Quality of Instruction
Individualized Education Programs

Figure 4. The new student with a disability entering the education system in Thailand, and the issues they face represents the third section of the results

EDUCATION FOR ALL – *An 'Act' of Challenges*

The first theme that emerged from my exploration of the special education system in Thailand is the practical and ethical challenges of implementing policy as a result of the constitutional education law of 1997 and the Education For All (EFA) Act of 1999 both of which appear to have fostered some inclusion. However, while on the surface it may appear that the Thai government has taken the necessary steps to satisfy the intent of this new law, there exists many problems at the school level. The following sub-themes will describe these challenges: Refusal to Accept, Inclusion at a Price, Quality of Instruction, and Individualized Education Programs.

i) Refusal to Accept

An instructor at the university, as well as the director at one of the special schools who are both parents of a child who has a disability, identified key problems with implementation of the educational reform. Before the national constitution law was passed promoting EFA, issues surrounding disability were not widely understood and there were few regulations supporting various aspects of their lives. Since the constitutional education law, the government has set forth regulations designed to support the daily living of persons with disabilities. But the very law that gives children their right to inclusive education is the same law that has created many recent problems within schools. For example:

> "Some schools still refuse to accept them. And then the issues of the teachers is overloaded because they still have to you know there no assistants, its just more work. But even though add more…this one more [student] is a lot of requirement. So but is no help for the teacher so is very difficult. Very very difficult. So what the school, some of the school that willing to help this kid, talk to the parents and the parents have to pay for the for the special ed. teacher coming." (instructor, university)

The government does not provide teachers with classroom supports such as an assistant to work with the student with a disability. Teachers do not have the capacity to provide quality education to the students without disabilities if they have to spend a lot of their time with the student with a disability. On these grounds, schools may feel that they are not able to support the EFA act, as doing so may compromise the education for the students without disabilities as well as the teaching capacities of the teachers. In effect, the education law has introduced a new way of educating students with disabilities with no new resources directed to support the law.

ii) Inclusion at a Price

According to an instructor at the university, regular schools that are willing to provide education for children with disabilities say to the parents "okay your kid can come but they have to come with somebody and no trouble. I don't want trouble in my school." Asking parents to hire a teacher for their child with a disability directly opposes Thailand's 1997 constitution, section 43, which states: "individuals shall enjoy the right to receive fundamental education for the duration of not less than twelve years which shall be provided by the State thoroughly, of quality, and *without* charge" (Office of the National Education Commission, 1997, emphasis added). The suggestion to bring in a personal teacher for the child with a disability is also one of pragmatics. The same instructor at the university candidly acknowledged that some of the schools do not have the ability to cope with the needs of the children with disabilities as the teacher to student ratio is too high. Typically, there are about thirty students in one class.

The issue then turns to one of affordability. If parents want their child in inclusive education, then they must be willing to pay a full teacher's salary as this teacher is expected to sit with the child from 7:30am to 4:30pm which is a full-time job that no teacher would commit to without being appropriately compensated. The cost of hiring a teacher on a full teacher's salary is highly unrealistic for most Thai families as many families with children with disabilities are poor. If in fact a family is financially able to hire a personal teacher for their child, they believe that their child will receive better education because parents in Thailand trust and hand over all responsibility to the teacher to develop and teach their child:

> "…and also don't forget the parents here they trust the teacher and they say the children might be better off with the teacher if they take it to inclusive" (instructor, university).

Notwithstanding the potential hiring of teachers by families to support one-on-one instruction of children with a disability, the instructor at the university feels that the quality of teaching students with a disabilities are receiving does not fit the standards assumed by the law. She says that the personal teacher, rather than tutoring along with the regular teacher's lesson, sits with the child and "prevents the child from creating the problem in the classroom….They are just helping in other ways, not academic making sure the kid does not run around screaming or whatever it is."

In summary it appears that teachers in regular schools are not always able to support the student with a disability in the classroom. As well, parents who may want their child with a disability to attend an inclusive school may not be able to afford it because of the expectation that they hire a special teacher.

iii) Quality of Instruction

The third sub-theme that contributes to the challenges of implementing EFA policies relates to the quality of instruction teacher's in special and regular schools are able to provide. Specifically, the amount and type of training received by professionals teaching students with disabilities as well as resources available to teachers appear to have direct impact on service delivery. As a result of the EFA act in 1999, many special schools were developed and the need for teachers to work in those schools increased (Roeder, 2001). At about the same time as the EFA act was introduced Rajabhat Institute in Chiang Mai started offering a degree program in Special Education (Roeder, 2001). Since then, Chiang Mai University (CMU) also began to offer a special education program; though, CMU offers it only as part of graduate studies at the Master's level. The Faculty of Education at CMU along with other faculties, such as Sociology, also began to provide a mandatory basic special education class as an elective for all university students regardless of degree program. While the addition of these university programs would seem to provide the basis for quality teacher training, a number of issues suggesting this not to be the case emerged.

Even though Rajabhat Institute offers a degree program in special education, many of its graduates do not tend to become teachers (Roeder, 2001). Students often pursue this degree because it is perceived to be relatively easy (Roeder, 2001). The majority of teachers who I met in the special schools were not trained specifically to teach children with disabilities. Many of those who provide special education either in special schools or as a professor in University completed a very short training program and have little other formal training in special education. For example, an instructor at the university explained that the Thai government wanted the Special Education graduate program at CMU to be up and running quickly (it is currently only a few years old) so they provided funding for a one year overseas training opportunity for three instructors to attend universities in the United States, Canada and Australia:

> "But its just one year training. We did not get the diploma or anything. But we just like a little short training. 'Cause we don't have much time and then program need to be organized so…"

These particular teachers are three of several that the government has sent for training. In order to develop the special education program at CMU, the Special Education teachers explored several special education programs offered by various Universities in Western countries and synthesized the information into their new program. The government also provides a scholarship to students who go to CMU to study in the Special Education graduate program. Very few of the current grad students have a bachelor's degree in Special Education.

The majority of the training materials and strategies that the government provides to people who want to work in special education are from other countries such as the United States, Canada, and Australia. According to the instructor at the university this is a problem because:

> "…I think most of the teachers that working with this children those who have never had special ed. background, so they do as is told you know, 'oh I've been trained that been arranged by the government that is very limited choices…"

The previous quote brings to light a couple of issues related to trained and practicing special education teachers: lack of resources leading to lack of teaching strategies. Since the government provides the majority of the training and the trainees have limited formal education in this area, they do not have as much capacity to develop other teaching strategies. As a result, the instructor at the university feels that theory is being left out of teaching practice. Learning the strategies alone overlooks the underlying theories behind them. Special education practitioners, she feels, need to understand why they are doing what they are doing. But resources on special education in Thailand are lacking for those who would like to learn more. The textbooks are usually written in English; there is very limited information in Thai print requiring the University teachers to translate the books and make them into a course pack. Unless the teacher trying to get more information can read English or access the internet, it is very difficult. This same instructor says that:

> "…not only for [special education] area, most of the area we don't have textbooks. We usually, most of the textbooks here used, written by the professor hisself 'okay if I teach this class, I will write something about this class.'"

Another factor that influences teaching strategy choice is the lack of peer-reviewed publications and research. With little research base in Thailand, she explains that professors are less apt to use the Thai textbooks that are available or those written by professors because they lack the theory behind the technique:

> "I know it should be more than that because they did not put much information and also they did not have the theory base. They just write, sometime from experience or whatever it is, but many thing in special education supposed to have, from my perspective, supposed to have theory background, or framework, how it can be done this way, so I don't usually use the Thai that much."

The lack of appropriate Thai-based resources influences the lack of teaching strategy choices for special education teachers. The government does not provide much choice in terms of strategies delivered to teachers working with students with disabilities. Whatever strategies seem to be popular in Canada, the United States, and/or Australia are identified and the government will then often invite experts from one of these countries to teach a seminar in Thailand. The instructor at the university feels that this process detracts from teachers learning how to make decisions about which strategy will work for a certain child because they do not have many to choose from.

iv) Individualized Education Program (IEP)

While it is clear that there are stated objectives within the national curriculum including physical education (to be described in detail in Section D), it is less clear whether these objectives are suited to or met by individual students with disabilities. An Individualized Education Program (IEP) is a strategy that sets individual objectives for each student in relation to the approved curriculum. Every special school is required to complete an IEP for each student. However, as I discovered, the IEP process is not adhered to by all of the special schools for each student as noted by a director at one of the special schools:

> "…not not but it's the law. But uh, we try to ask [teachers] to do the IEP's…ah, but we have a the limit budget for the like ah the…for the…the supported service."

Completing an IEP for every student with a disability is the law; the benefit of doing so enables schools to receive support services from the government, such as funding, materials, or specific rehabilitation services as explained by an instructor at the university:

> "If you don't have IEP, if your children don't have IEP, you won't get the support from the government so you must have the IEP to be able to apply to get the glasses, for example, or the equipment that might be needed."

However, as stated by the director above, each school has a limited budget for the supported services that they receive. Therefore, it appears that once that budget is used up, there is little reason, other than in order to meet the needs of the students, for teachers to complete the IEP. Even though the director stated that she try's to ask teachers to "do the IEP's" many times they are not done.

There are several reasons why the IEP process is not adhered to. For example, at one of the special schools, IEP's are not completed for every student because teachers feel that there is not much difference between students who have this specific impairment in terms of their abilities:

> "About IEP, um he said that um not for every student uh huh because uh in PE class, um our students um don't have a too much different about each student. So um they can do all activities except um except the student who is um who has who cannot who cannot do the normal activities for the [disability] student. So uh this student he will he do the IEP for them to improve their skill ah to equal with another [disability] student."

It appears that only the students who have more severe visual impairments and the students with multiple disabilities would get the IEP.

Three teachers from another special school confirmed that they do not have the time to write IEP's for every student:

> "For the physical education program, the government requires every teacher to have individualized programs for each student but he said in reality they can not do that because many students, many students here and not many teacher. So it's impossible for one teacher to take care of thirty students at one time."

It seems that neither law nor government incentives for completing IEP's are enough to influence teachers to do one for every student. An instructor at the university feels that the government implements the IEP policy without strict assessment of its use:

> "So they use this system to force the teachers to have the IEP. But those who, the IEP's that they have it might not be official because they just write it and nobody come and look at it."

Many schools do not properly comply with IEP policy seemingly due to lack of teachers, oversized classrooms, or misunderstandings towards the importance of IEP's by both the teachers and the parents.

The director at one of the special schools stated that parents hand their kids over to the schools and do not act as advocates for their child's education because they are poor. Parents want their child to be able to live at the school ensuring proper housing, eating, and sanitary facilities. Because of this parents are afraid to speak out as to the rights of their children for fear of losing services from the schools. This may result in a lack of quality services as explained by a teacher at one of the special schools when asked about filling out an IEP for a new student:

> "Not big matter for students or parents...they interview or just write down your name, the name of the parents....families, family trees. They can write down, oh okay, grade one....like that, yeah not seriously like."

In contrast, teachers at the third special school, operating for four years with a maximum of ten students per class, claim that at the intake meeting for a new student a committee made up of parents, teachers, the director, the student, and a rehabilitation specialist if available, are charged with making an assessment of where the child is in terms of mental and physical development. They also discuss the needs and limitations of the child and how far the child can go in their education. The IEP is written based on this initial assessment. Again, for example, one of the teachers from this same school stated that some parents are satisfied if their child only learns some daily living skills for increased independence: "'your children just only learn to take care of themselves they say 'yeah! Just only to look after themself.'"

One of the instructors at the university also helped to explain why IEP's are not practiced according to policy. She indicated that advocating for the necessity of adequate education and education services must be done by parents before schools will be inclined to do IEP's regularly. Parents also need to understand that they should be working along side the teacher instead of leaving all of the educational decisions up to the teacher; which is typical in Thailand. In part, this should include parents sitting down with the teacher to decide who is going to work with their child, what goals are going to be set, what activities are going to help achieve those goals and how are they going to be assessed and evaluated. She suggests that parents should feel able to ask questions such as 'we wrote this on the IEP so why did you do it the other way?':

> "….and then the IEP will be used because [parents] come and check on you, you do it or not? Somebody come and check and balance your work you know right now everything is in the teacher hands so who knows come…[teachers] don't care. So they just do as they please or they have time and things like that."

IEP's are more commonly used when a child cannot fit into the regular curriculum well enough resulting in the need for adaptation based on the IEP. Therefore, in order to establish an effective IEP, it would seem necessary that a qualified teacher or committee work on the IEP. However, an instructor at the university feels that the appropriate professionals are not often present at the IEP meeting. Nor does the teacher often have the knowledge to effectively fill out the IEP:

> "When you have the IEP meeting, you supposed to have, if the kid has this disability you have to have [Occupational Therapist] if the kid cannot you know muscle…so no OT in that meeting. So the rest is just left for the teacher to do so. So the teacher for sure they probably don't know much about OT….they never been trained for that! But some of the teacher try, they just do as they guess you know they trying to do their best to fit to help the kid but sometime you go make it worse you know…you don't know for sure, you just try, the kid frustrated and go bazzoca…'forget it, I'm not learning today.'"

The IEP is a general form constructed by the Special Education department of the Ministry of Education and requires ten items that must be filled out in order to receive financial support. However, according to the instructor at the university it appears that there are a number of key elements missing from this form that most teachers do not recognize. There is nothing on the form about behaviour, speech, or emotional problems and those who are educated in this field are currently advocating for their necessity as standard items. The same instructor stated that a major problem with the IEP is that teachers are left to fill out ways of rehabilitating the child even though they have no training in rehabilitation:

> "They do not know how to help the kid do the basic like hold a pencil before they get into you know the real academic performance."

Filling out an IEP form without expertise, she continues, is commonplace for teachers because it is the only way they know how to get the support from the government:

> "There's no standard. Even though the government say okay this is the form you supposed to filled out the information but the form, those who use, who understand they will fill something out, but those who does not will fill something out too so its not, even though I talked to the people that responsible for IEP training, they say they do a lot of training but the teachers still misunderstand what they supposed to do….the IEP's that they have it might not be official because they just write it and nobody come and look at it"

In addition to not filling out the IEP forms correctly, the university instructor feels that the motivation of teachers to complete the IEP is based mostly on incentives:

> "Well [teachers] use it this way….if you don't have IEP, if your children don't have IEP, you won't get the support from the government so you must have the IEP to be able to apply to get the glasses, for example, or the equipment that might be needed….and then the teacher you can be able to receive the coupon for if you doing some activity, special activity after school or whatever you get the pay. But you need to have the IEP to receive the coupon. And then you use the coupon to redeem your money….so they use this system to force the teacher to have the IEP."

As discussed previously, it appears that incentives are not enough to motivate teachers to complete an IEP for every student. According to one of the regular PE teachers, he teaches one or two students with disabilities and although he admits that not all of the teachers fill out an IEP, he writes an IEP for all of his students. Unfortunately, I did not have access to other teachers in the school and was not able to consistently confirm or refute this claim.

CULTURAL EXPECTATIONS – "*They can't do anything, they are disabled*"

A second theme that emerged in the exploration of the special education system in Thailand provides the cultural foundation to understanding disability and its relation to education. As previously mentioned the majority of Thai people practice the religion of Buddism. Buddists believe that souls have many lives, all of which are connected. Several of the teachers I interviewed explained that whatever someone has done in the present or past life, good or bad, will be reflected in a future life or in the present life. This common belief called karma has many implications for the perspective, attitude, and treatment towards people with disabilities. According to explanations by many teachers in the special schools, the prevailing attitude towards people with disabilities, even from the parents, is that they should not and cannot do anything for themselves:

> "…their parents think that they're not, they can't do anything. They can't do anything. They are disabled." (teacher, special school)

Teachers reported that people with disabilities are completely taken care of with no opportunity given to learn to live independently:

> "…only stay home….they are not allow their children to do anything if they ah, ah handicapped….do everything for them." (teacher, special school)

For example, families of children with disabilities will feed and dress their children. When the parents go out to work, they will either leave the child home alone, with a relative, or take the child with them and "they just tie at the leg and tie to the tree when they work on the farm nearby so they can see them" (university instructor, personal interview, June 2006). The type and severity of the disability influences the extent to which children with disabilities are believed to be able to do things. If the disability is not severe, the child may help with the family business or farm but those who have intellectual disabilities do nothing. It is not uncommon for children with severe physical and/or intellectual disabilities to never leave the home. This is in part due to environmental barriers especially in hill tribe homes which are built on stilts, but also due to shame felt by the family which relates back to the popular Buddist belief of sin (Roeder, 2001). While visiting Doi Suthep, the historical and popular temple in Chiang Mai, I noticed many donation bins inside the worship area. Most of these donation bins were designated to charities for various types of disabilities including Cerebral Palsy, mental retardation, and Spina Bifida, just to name a few. Inquiry into why donations to people with disabilities were in abundance in temples revealed a consistent perspective. In the past Thai people would regularly make donations to monks and it was thought that such donations would help them to have good karma and consequently, better lives in the future. More recently, donating to people with disabilities has become the common practice. By doing so, Thai people believe they are doing good and ensuring their future lives to be disability free (interpreter, personal communication, July 2006). People also try to donate food to the special schools in hopes of attracting good karma for future life. The director at one of the special schools expressed that she is trying to educate donors that the school is in need of books and materials instead of food. As she explained, the donors sometimes think the teachers are cruel for making the students do things for themselves:

> "We try to to raise them and to ah help them to live by their own…So sometimes ah we we force our students to do something on – most of their things by their own…But for the outside, when they come, they say 'why don't you help them?' We said, ah we don't want them to be the handicap; we want them to be the ordinary people. So don't don't help them…Sometimes they don't understand that. They blame us…But we we ask, and we try to discuss, explain more and more. Sometimes they they think ah, m- I and my staff like ah cruel people…But we said we must be cruel because we want them to live by their own."

i) Family Expectations

The first sub-theme under cultural expectations explores the expectations of families to send their child with a disability to school as well as the expectations of what education will provide for their child. Family relationships are a big part of Thai culture with the majority of extended families living their lives in close proximity to each other. Therefore, it is common for grandparents or other relatives to care for children when the parents are out working. Many parents, grandparents, or other caretakers of children with disabilities feel that they can raise the child on their own. When it comes to education for their children, beliefs and family strongly impact parents' decisions to allow their child to attend school. Although in recent years special schools and disability centers have been trying to raise awareness about education for children with disabilities, the director at one of the special schools believes that many parents have no concept of how important education is for their child:

> "But sometimes they don't understand about the- or they have no concept about the education. They think it is not essential for them."

This attitude is more prevalent among parents and families who live in rural areas such as hill tribes where many of the parents themselves are not educated. Accounts from teachers' interviews suggest that some parents purposefully wait until the child is older as they feel then the child is developmentally appropriate for education (teacher, special school, personal interview, July 2006). Often these parents do not want to send their child to school at an early age because they would be too far away from home: "Their parents don't allow them to go at an early age because they think is very rare for them to ah to…stay here because they…live far away from the school. They can stay at home and go like a day center" (Director, special school, personal interview, July 2006). Still others feel that they do not want to die and leave the child with nothing so they finally send them to school: "or sometimes they think mmmm maybe or if they die (chuckle) they can't ah let their children ah like ah grow up like this. So they decide to come to school" (Director, special school, personal interview, July 2006).

Based on the reports of various teachers in the special schools, it appears that the recent education law has upset the traditional practice and belief system towards children with disabilities attending school. Although there are many parents who initially do not agree with the importance of education and there are a large number of children who still do not attend school, there has been an increase in the number of children with disabilities attending school since the EFA in 1999. Again, many times parents are satisfied with their children learning only basic daily living skills. Family expectations towards education for their child with a disability, as reported by the teachers at the special schools, are consistent with the Bangkok Poll on Disability (1999). To review, 9.52% of families or friends of individuals with disabilities felt that education was important for people with disabilities compared to17.05% of people without a relative or friend with a disability. It appears that families of children with disabilities have lower expectations towards the necessity of education than those families without children with disabilities. However, there may be several other reasons not explored in this study why education for children with disabilities appears to be of low priority for families; one of which may include family cohesion.

LOCATION– ***As an influence to receiving education***

The third theme that emerged in attempting to understand the special education system in Thailand deals with location as a potential barrier to parents learning about educational opportunities for their children with disabilities and having access to the schools. As a large portion of the total number of children with disabilities live in rural areas, sending children to school is not practical from a distance or cultural standpoint. I was told by a teacher at one of the special school of cases where a child was sent to the school but was soon taken back home by the parents because it was too far away. Since schools and services for people with disabilities are found mainly in larger centers, even living in a smaller city neighboring the larger city can be a barrier to accessing them. In addition, rural towns and villages, even those bordering a large center, do not always receive information about what is available for their children with disabilities. In the majority of cases, children with disabilities are not registered with the government as a person with a disability and therefore are not known to the educational system (Roeder, 2001). In addition, it is sometimes difficult for government agencies to reach all of the areas where people with disabilities are living. Conversely, it is also difficult for individuals with disabilities to travel to register (Roeder, 2001). As a result, NGO's and special education centers in each province make efforts to visit rural areas to pass on information of services and of education. But even so, because of their Buddhist beliefs, many parents still do not think these opportunities are necessary. Again however and among other possible reasons not explored in this study, parents may value keeping family members together, over sending their child with a disability far away from home to attend school.

Summary of Section C

These first three themes are important for understanding the framework in which to explore physical activity for children with disabilities in an educational context. Combined, these themes help to explain the cultural and religious ideologies that surround disability, how these ideologies affect education for children with disabilities, as well as how the EFA act has impacted the school system both in terms of in-class support and teacher training. Specifically, understanding the influences of children with disabilities to receive education including location of families to schools, and cultural attitudes and expectations regarding education provide a context in which to investigate the main inquiry of this project. Understanding mainstream school supports and resources to accept and teach students with disabilities furthers our understanding of the special education system in Thailand.

SECTION D

PHYSICAL ACTIVITY FOR CHILDREN WITH DISABILITIES

Introduction

According to instructors at the university and teachers in the special schools, regular physical activity is important to the Thai people. Although the people I interviewed reported that there was no national physical activity promotion campaign focused on increasing physical activity in the general population, there was a national dance competition that was aimed at promoting physical activity. Throughout Chiang Mai, there are several fitness centers open to the public. One of the most popular leisure sports that I witness several times on a daily basis was football (soccer). Unfortunately, it was difficult to find any information on overall strategies for the promotion of physical activity in Thailand. This may well be due to there not being such a strategy in place or because of my language barrier inhibiting access to such information.

In 1999, Bangkok hosted the 7th Annual FESPIC (Far East and South Pacific Disabled Games Federation) Games which was the largest sporting event for people with disabilities that Thailand had ever hosted. Thirty-four countries, with a total of 2,500 athletes participated in 15 different events, the largest FESPIC Games since its foundation in 1975. The first FESPIC Games were held in Japan and included 973 athletes participating in eight different events (FESPIC Federation, 2007; Tongsiri and Taweesangsuksakul, 1999). According to Tongsiri and Taweesangsuksakul (1999), organizers of the Games, the Bangkok FESPIC Games were important in showing the Thai government and society what people with disabilities are capable of. The Bangkok Poll on Disability (1999) provides insight into what Thai people learned about people with disabilities from the FESPIC Games. According to the poll, 49.25% of the respondents with a friend or relative with a disability and 58.39% of respondents without a friend or relative with a disability learned that people with disabilities have more athletic skill. However, a much smaller number of these same respondents (8.68% and 4.7% respectively) felt that these skills should be promoted. Moreover, 7.74% and 5.7%, respectively, felt that the skills and abilities of the athletes with disabilities were equal to the general population. Last, only a small group of respondents (13.43% and 7.05% respectively) felt that the FESPIC Games fostered society's attention towards, and acceptance of individuals with disabilities. This latter statistic counters the objectives and hopes by athletes and organizers of the Games that the Thai people would change their perspectives towards people with disabilities (Tongsiri & Taweesangsuksakul, 1999). Combined, these responses provide a relatively clear picture of how Thai people view physical activity and sport for people with disabilities.

The following themes provide some context within which we can understand physical activity for children with disabilities in an educational context in Chiang Mai Thailand. More specifically, three themes emerged during the research: nature of physical activity in schools, meeting the objectives of the PE curriculum, and provision of trained professionals.

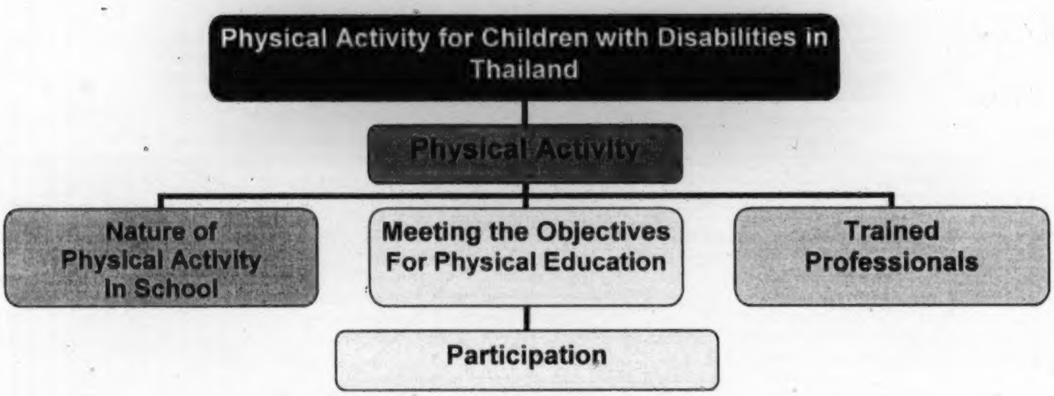
Physical Activity for Children with Disabilities in Thailand
Physical Activity
Nature of Physical Activity In School
Meeting the Objectives For Physical Education
Trained Professionals
Participation

Figure 5. Factors affecting physical activity for children with disabilities in Thailand

NATURE OF PHYSICAL ACTIVITY IN SCHOOLS

This first theme provides an overview of physical activity for students with disabilities in the three special schools that I visited in Chiang Mai. Teachers at the special schools feel that physical activity is very important for children with disabilities. All of the special schools have a physical activity program. A teacher at one of these schools believes that since the goals and benefits of physical education are to develop muscle, gain energy, and have overall good mind and body health, it is of great importance to those with physical impairments:

> "…it is necessary; it is essential….to use physical activity. To encourage them in moving. Because many [physical] activity based on movement right? So they need to move a lot because during the day they only sit on the wheelchair or not do anything."

Physical Education (PE) classes, for students with and without disabilities, are part of the Thai National Curriculum requiring at least one hour per week of physical education. Two out of the three special schools that I visited have PE twice a week for one hour each while PE at the third special school takes place once a week for one hour. Physical education classes are set up to follow a curriculum for a grouping of grades called a class. For example, Class One includes Kindergarten to grade three and will follow a curriculum of games, basic movement such as basic gymnastics, moving to music, or moving to a storyline. Class Two is made up of grades four to six. The curriculum for this class is an introduction to sports where the students learn basic skills and rules. Grades seven to nine make up Class Three and follow a curriculum based on advanced skills and strategies to a variety of sports. Sports include, though not exhaustively, running, volleyball, badminton, football (soccer), basketball, and table tennis. Students are also introduced to traditional Thai sports at the basic and advanced levels such as Muay Thai boxing and tekraw. In addition, introductions to disability-specific sports such as goal-ball for students with visual impairments and wheelchair basketball for students with physical disabilities are often adapted into the curriculum.

The curriculum is set up as classes for each of the eight subjects; however, the students study and participate in PE in their own grades. Furthermore, two of the three special schools separate students into different groups by abilities based on their level of disability. For example, two students in the same grade could be in different classrooms if one student was completely deaf while the other one had a mild hearing impairment. Both classes would follow the same curriculum based on their grade, but one class might have more adaptations due to the severity of the disability.

Physical education in Thailand appears to function in somewhat of a traditional manner. I observed that students who are scheduled to have PE on a particular day will wear their PE uniform for the entire day and generally start the PE class by running a few laps around the cement playground. For the younger students, the PE class ends with washing their hands followed by an inspection by the PE teacher. A rap on the hands is given for dirty hands or face, not wearing the proper PE uniform, or for not wearing proper shoes.

During my stay in Chiang Mai, I was able to participate in several PE classes at two of the special schools. Gymnasiums in Thailand at the elementary and secondary school level do not exist as they do in Canada. Physical education classes mainly take place in a large cemented area outdoors. During heavy rain periods, students have limited spaces to carry out their activities and usually find a space next to the physical education offices or in the outside open but covered cafeteria area. For example, during several rainy PE classes at the School for the Deaf, students would learn the game of ping pong. In these particular classes, there were roughly ten to twelve students; however, there were only two ping pong tables. The majority of the class would pass ping pong balls back and forth while standing a few feet apart and the more experienced players were allowed to use the tables. The more experienced players also provided the demonstrations to the class. Because of the lack of space and equipment, much of the classes focused on theory, rules, and strategies of the game.

Once a week, the PE classes at one of the special schools would go to the swimming pool. Swimming is not, however, a regular activity, and the teacher provided no instruction on technique. Even so, there were a few students who trained as athletes in swimming and would practice during this time. All schools offer after school athletic programs, coached by the PE teachers, to those students who show strong athletic potential in sports such as swimming, wheelchair racing, goalball, football (soccer), and Muay Thai boxing. In some cases, the more athletic students will train after school and compete at local, national, and international levels.

The curriculum for physical education in the special schools follows the same national curriculum for regular schools. According to teachers at all three special schools, the curriculum is only adapted based on the specific needs of the disability. For example, unless a student also has an intellectual disability, the adapted curriculum consists of learning materials being converted or adapted to suit the needs of the specific disability. For physical activity, the adaptations take on another form such as modifying the activity or, in the case of basketball, which would be difficult to adapt, learning only the rules and 'how to play' without actually playing. Teachers at each school claim that their adapted curriculum does not necessarily imply that it is easier than the regular curriculum. However, a comment made by one of these same teachers contradicts this claim: "we pick, we pick ah only the, the easy, the easy content and the activity that fit for our student."

MEETING THE OBJECTIVES FOR PHYSICAL EDUCATION

Under the umbrella of the second theme that contributes to the contextualization of physical activity for children with disabilities in Thailand is one sub-theme. Specifically, *participation* in physical education for students with disabilities influences the extent to which students with disabilities meet the objectives for PE set forth by the National Curriculum. Teachers at both the special and regular schools described consistent objectives for the PE classes. Furthermore, there are distinct objectives for each class, or age group of students. The objectives for the first class (Kindergarten to grade three) are to have fun in games and movement, and learn how to play with each other. Objectives for the second class include learning basic movement skills in sports, while the objectives for the third class include having the sports skills to participate in physical activities in everyday life. Additional general objectives of PE held by the teachers is for the students to develop their body, muscles, and posture, to increase mobility, to participate in society happily with regular people, to be healthy, to use physical activity to relax themselves during leisure time, and for those who have potential, to become an athlete.

i) Participation

Participation appears to be an important factor in meeting the objectives for PE. As previously discussed, the PE curriculum is adapted to meet the needs of students with disabilities in the special schools as explained by several teachers from these schools: "Yes, adapt. We choose only activity that that suitable that fit for our student." From these comments we can surmise that adaptations are made to increase participation for students. For example, a PE teacher at one of the special schools explained: "… about PE class, if um student lost arm one arm or a leg um he have to adapt activities for them."

As described in the Nature of Physical Activity, my observations of PE classes both supported and contradicted reports of participation by some teachers.

For example, sccording to the PE teachers in the special schools, every student is required to participate in PE class. At first when I asked if there were any exceptions, every interviewee said no. But further questioning revealed that those students with more severe disabilities or multiple disabilities such as an additional physical or intellectual impairment did not always participate. Instead, as one PE teacher at a special school explained, they would participate by being the referee in a game for example or by doing an easier version of the activity on their own:

> "…ah other- other activities, softer, maybe. Uh, um, such as when they have running competition in the school so this student maybe have to be….ah…judge person."

Furthermore, my observations suggested that the more skilled students participated more often by demonstrating the game to the rest of the class who were being quizzed. However, teachers said that they try to select activities that all or most students can participate in most of the time.

At one of the special schools, teachers believe that the students can 'do just like the normal child' when it comes to PE, as long as they do not have a multiple disability:

> "conflict [impairment] student with another disability, its must be easier but the normal [impairment] student, is um it not not easier. It ah equal [to the regular student]"

When I asked about participation of students with disabilities in the regular schools the majority of the teachers at the special schools said that they participate in the same way. When asked what that participation in the regular schools looks like they openly said that even if a student with a disability cannot do the activity or sport, they still have to know *how* to do it. For example, a teacher at one of the special schools explained that participation in these situations typically involves researching the activity or sport on the internet:

> "But ah the way that they learn, the way that they participate or the classroom assignment ahhh, should be adapt to fit with them like um when when their friend study about um ah basketball or volleyball, they have assignment like um to search from on the internet about wheelchair… about about ah, volleyball or basketball sport. Ah, how to, the study the history, how to play the rules or something like that. And try to practice, ah depends on their their ability, their potential."

In contrast to the above reports, the regular PE teacher claims that all of his students with a disability actively participate in his class. However, through translation on the topic of adaptation, it was clear that the teacher in the regular school assumed that the student with a disability is not able to perform to the same level as students without disabilities:

> "So most ah student ah each student can who can do the better than basic or lower than basic so if lower than, like ah the disability student he can do lower than the basic some for some activities…"

According to the regular PE teacher, it is easier to adapt an activity if the adaptation makes the activity easier rather than more advanced. Therefore, because the student with a disability performs at a lower level, it is easy for the regular PE teacher to include the student with a disability in the PE class: "…So he will ah let them to do ah the adapt activities for them. That suitable for their disability." Nevertheless, the student with a disability must still know how to properly perform the activity, even if the activity or assessment of the activity is adapted:

> "For example for um some activities like you say about ah shoot the ball. Ah huh. But sometimes the blind student cannot do. But they have to do they have to know how to do it… they have to know how to have this skill al-although he cannot do it."

One of the special schools uses this same rationale for participation when it comes to learning about basketball. Instead of leaving this sport out of the curriculum, the students have to study it in other ways. For example, they have to learn about and be tested on the rules and the skills even though they cannot do it themselves:

> "But some sports uh that they cannot do like um uh like the basketball also. Um uh they have to know how to play uh huh. So um he have a teaching friend to ah teach them to know how to play these sports too ah although they cannot play."

These examples of participation contradict initial reports by teachers in the special schools that students with disabilities participate in PE at the regular school, the same way they participate in PE at the special school. However, as first mentioned, some students with more severe or multiple disabilities participate in PE at the special schools in similar ways to students with disabilities in the regular schools. Unfortunately, I was not able to participate in PE classes at the regular school to confirm these reports through observation.

The above discussions of participation in PE for students with disabilities in both the special and regular schools appear to present disability as a relative term. To explain, teachers at the regular schools seemed to talk about and compare the ability of students with disabilities to participate in PE activities with the participation abilities of students without disabilities in relation to the national PE curriculum. In contrast, teachers at the special schools seemed to talk about and compare the abilities of students with disabilities to each other in terms of PE participation. Regardless of whether a student with a disability attends a special or regular school, participation appears to be considered as a relative concept that is considered in relation to other individuals rather than at an individual level.

Although the objectives in physical education for each grade/class were made clear in relation to the National Curriculum, my observations of physical education classes portrayed somewhat of a different picture. For example, during one PE class, the teacher did not instruct the students on proper technique or provide structure to the class such as drills or a game. This particular activity also involved elements of safety concerns for which the teacher did not use his authority. At another special school, the students engaged in basic sport skills (class 2) even though according to the National Curriculum, the focus of their activities was supposed to be on fun in games and movement (class 1). Further observations of physical education classes consistently revealed that the more physically skilled students would provide the demonstrations to the rest of the class who would be quizzed on rules and strategies. Lack of space and equipment appeared to be significant factors for this division of physical participation.

PROVISION OF TRAINED PROFESSIONALS – *Traditions in teaching sport*

The third theme that emerged in framing my understanding of physical activity for children with disabilities concerns the training and expertise of the PE teachers in both special and regular schools. All but one of the physical education teachers I interviewed at both the special and regular schools had a post-secondary degree in a discipline unrelated to physical education. However, one teacher at a special school had completed a minor in physical education (PE). This same teacher is also married to a PE instructor at one of the universities in Chiang Mai who provides her with resources for activities. The remaining PE teachers at both the special and regular schools had degrees ranging from sociology to primary school instructor. The regular PE teacher offered an explanation of why he believed himself to be a suitable candidate for the position: "[I] used to be an athlete and [I] like sports." Further inquiry revealed a relatively consistent theme as represented in this quote by an instructor at the university:

> "Not all the schools have the physical ed. teacher so they use those teacher who like football and things like that. Especially the school that is not in the city. But in the city you might get the real physical ed. teacher."

In Thailand, it is required for PE teachers to have a degree in physical education to teach at the secondary level but not the primary level, although it is recommended. One of the PE instructors at the university says "any any teachers. We can teach physical ed er activities." Because most teachers at the primary school level are not trained in physical education, they study and rely heavily on the national curriculum as well as books on sports and activities. One of the teachers that I interviewed at a special school feels that the students do not get the variety of activities that are necessary because of the lack of training of the teacher:

> "Actually the teacher here that have to get involved in the physical class, I think they are not expert….they are not expert in physical education now, now, I mean now…..I think if we have the staff that study more about physical activity especially in special children…in the future is I think it will be better."

She feels that teachers in both special and regular schools who teach students with disabilities have to learn or study about teaching them. When asked if teachers in the regular schools can teach students with disabilities, she replied:

> "I think they can because I am ah, one of them that come from normal school and then I transfer here uh, but you have to study about this field of work, this kind of work. You have to study, learn about ah what's it called disability and how to teach ah special child, special children."

As previously mentioned, inclusion in regular schools became law in 1999. Only relatively recently did more government supported inclusive services become available to regular schools in Chiang Mai who accept students with disabilities. Since the infusion of government support, teachers have received some training on how to teach a student with a disability. For example, one of the regular PE teachers said that he and other PE teachers who teach students with disabilities in their schools have been previously sent to Bangkok by the government and sponsored by the Special Olympics of Thailand to receive training in how to teach students with disabilities.

However, according to an instructor at the university this and other training opportunities are not specific enough to help PE teachers figure out "how you are going to help and what exactly are you supposed to do with the children who have limited abilities." She said that teachers are left to use their own knowledge and experience "and say okay if you cannot do this, you probably do different things, or you do less, or…you know give more time and things like that. So that is up to the teacher but there is no standard for what they do."

When I talked with a PE instructor at the university I learned that physical education students, in the process of obtaining PE degrees, are not learning about Individualized Education Program's. Very recently the university's physical education classes have learned a little bit on how to teach students with visual impairments and students with autism. The PE instructor at the university feels that they can transfer this knowledge to other disabilities. As I have previously discussed, Autism received much attention from the government in recent years due to the King's grandson having this diagnosis. The effects of his diagnosis appear to be a continued priority when training teachers to teach students with disabilities.

CONCLUSION TO THE FINDINGS CHAPTER

The contextualization of physical activity for children with disabilities within an educational context in Thailand is understood against a framework of the special education system and described within its own set of themes. Specifically, physical activity for children with disabilities in an educational setting is influenced by the state of the special education system, which in turn is influenced by parents' expectations of education for their child, the distance away from home the school is located, and the ability of the schools to provide educational services to children with disabilities both in terms of in-class support as well as sufficient training. The extent to which physical education programs effectively provide physical activity to children with various disabilities is shaped by the degree of training PE teachers have and the extent to which the objectives for physical education are met. The physical education curriculum in Thailand is intent on providing one to two hours of physical education per week while the nature of physical activity for students with disabilities is aimed at providing students with skill sets to lead an active healthy lifestyle.

CHAPTER 5 ~ DISCUSSION

INTRODUCTION

I started this study with the question: What does disability and physical activity within an educational context look like in Thailand? In order to answer this question, I needed to understand the interweaving pieces that give meaning to the concept of 'disability' in Thailand. This was important because the way disability is conceptualized plays a significant role in the lives of Thai people. The conceptualization of disability also plays a significant role in understanding education for children with disabilities and subsequently, physical activity for children with disabilities in school settings. What I have come to realize through the analysis process is that although on the surface there might seem to exist some leadership on disability rights in the education system in North America, attitudes towards and practices of educating children with disabilities is comparable between the two countries.

The following chapter will attempt to explain my findings in relation to existing literature on disability and education in other countries, as well as the implications of my findings as they relate to Thailand's national education act. The focus of the discussion will be on the themes that directly contribute to describing physical activity for children with disabilities in school settings. My objective is to provide a context in which to understand my findings and add to the limited body of literature on disability and physical activity in an international context.

SECTION A

Classroom Support vs Government Policy

The overarching theme of my findings that is pervasive across all themes in both sections C and D of the findings chapter speaks to the discrepancy the Thai government's recent policies regarding education for children with disabilities, and the ability of teacher's at the classroom level to implement these policies.

Specifically, *government policy* represents the government's maintenance of the policies inducted by the national Education For All act of 1999 in terms of classroom support needs and the quality of teachers to teach students with disabilities. Accounts by teachers within the special education system suggest that problems exist at the practical level of special education services and not with the actual policies. For example, one of the major problems with Individualized Education Programs, as reported by an instructor at the university, was that only the more severe students with disabilities were being given an IEP. Although it is a requirement by law, teachers reported not having enough time to write an IEP for every student in the class. Furthermore, the writing of an IEP was not carried out in a collaborative multi-disciplinary team environment. As a result, according to the special education instructor at the university, although the 'right' of the student with a disability, IEPs were either not completed properly or completed at all.

Another example adding to the texture of this overarching theme is the lack of classroom support to include a student with a disability in the mainstream class. This example takes on the perspective that the government does not assist schools or support teachers in inclusive settings by providing a special education aid to help with the learning and behaviour of the student with the disability in the classroom. Teachers in inclusive settings are struggling to provide quality education to students with and without disabilities within the same class. Despite the constitutional education law of 1997 and the EFA of 1999, the result is an unpredictable support in schools for children with disabilities including a lack of consistency in schools accepting or refusing the attendance of students with disabilities.

Support by the government is also lacking in the area of special education training. As previously described, most of the teachers in the special schools did not have any formal training in special education. Although some had received short training sessions provided by the government, most still lacked the knowledge to choose different teaching strategies. Similarly, the majority of physical education teachers in special schools and inclusive settings did not receive training on providing and adapting physical activities for students with disabilities. In addition, resources available to teachers regarding teaching strategies or adaptation strategies were lacking. The current situation of available resources is complex. First, there are not many resources available in Thai print. Therefore, if a teacher does not speak or read English, these particular resources are not a realistic option. Second, according to the special education instructor at the university, the minimal resources available are not considered a reliable source. As stated previously, the special education instructor would not use Thai textbooks on special education because they are not based on theory. Rather, most of the textbooks are written from an experience-based, subjective perspective by an instructor who might have taught one class on special education.

In summary, problems with providing education to students with disabilities stems from the practical level of implementing the Education For All act of 1999 rather than with the specific policies. Government supports in fostering and maintaining inclusive and special education within the schools is not meeting the need of support in the classroom. As a result, teachers and schools are either resisting the constitutional education law, or are not adhering to its policies. Although the government has reported success in educational reform, the success is based on evidence of policies being implemented and not based on the support of the implemented special education policies (Hallinger, Chantarapanya, Sriboonma, & Kantamara, 2000 in Carter, 2006).

SECTION B

Thai Culture vs Government Policy

The discrepancy between traditional cultural perspectives towards disability and education and the Thai government's educational policies reveals yet another point of view towards the relatively new concept of educating children with disabilities in Thailand. The Bangkok Poll on Disability provided insight into the conceptualization of disability in Thailand. The poll revealed that in general, Thai people do not feel that people with disabilities are, or should be viewed as, equal to people without disabilities. Furthermore, a large majority of Thai people do not think that individuals with disabilities should receive educational support or receive skills training. These responses support accounts by teachers in the special education field that many Thai people and parents of children with disabilities feel that individuals with disabilities cannot and should not do anything for themselves. Understanding how disability is conceptualized and constructed in Thailand serves as a foundation to describing the special education system and physical activity in a school setting. The attitude towards the abilities of individuals with disabilities informs similar attitudes regarding education for individuals with disabilities.

Since the inception of the Education for All (EFA) act in 1999, Thai people seem to be caught between traditional attitudes and practices, and the government's efforts towards a disability movement. The themes under section C of the findings chapter, challenges to the Education For All act and cultural expectations, show how the implementation of the education law at the classroom level as well as from traditional thinking influenced by the Buddist religion, are not completely aligned.

For example, there appears to be a discrepancy between the expectations of the education law as set out by the government and family expectations in regards to education for children with disabilities. The Royal family, whose influence on the Thai people I have touched on previously, also plays a role in the cultural struggle and challenge to Buddist belief systems when it comes to educating children with disabilities. The Royal family not only acts as a role model for Thai Buddist people, they influence attitudes regarding government laws and policies, as well as traditional Buddist perspectives. The discrepancy between cultural and government expectations towards educating children with disabilities upset long-held traditions when the Royal family, because the King's grandson was diagnosed with autism, changed their attitudes and behaviours towards individuals with disabilities that directly contradicted traditional beliefs.

Nevertheless, *Influences to the Disability Movement* in the findings chapter and the theme *cultural expectations* provided descriptions of how a large number of Thai people view disability as well as how they view the capabilities of children with disabilities in a school setting. As previously mentioned, the predominant attitude is that people with disabilities should not do anything for themselves. This attitude stems directly from their Buddist beliefs and sets the stage for a discussion on education for children with disabilities. The necessity of basic education for children with disabilities is met with both apprehension and doubt of usefulness by parents. However, because of efforts by Non-Government Organizations, special education centers, and awareness campaigns by special schools, there are more parents who are open to the advancement of the right to education for their children. It is important to understand cultural expectations because, as shown in the findings, the constitutional education law and subsequent policies are not fully congruent with the attitudes towards disability held by parents and others and with what is being practiced at the school level.

Literature shows that cultural attitudes and beliefs about disability influences education for children with disabilities in other Asian countries as well as other parts of the globe (McCabe, 2007; Hess, Molina, & Kozleski, 2006; Miles, 2001; Choi-Kwon, Park, Lee, Park, Lee, Cheon, Youn, Lee, & Chung, 2004; Jacob, 2005; Gaad, 2004; Lifshitz, Glaubman, & Issawi, 2004). Although many parents of children with disabilities in Thailand hold on to traditional attitudes and beliefs towards individuals with disabilities which is consistent across many Asian cultures (Miles, 2001; McCabe, 2007), some parents of children with disabilities in the People's Republic of China (PRC) are strong advocates of the educational rights of their children (McCabe, 2007). The advancement of education for children with disabilities in the PRC closely mirrors the progress of special education in Thailand. In this study by McCabe (2007), parents reported discriminatory beliefs and attitudes by other people towards their children with disabilities. Much like in Thailand, many parents in the PRC were viewed as being the cause of their child's disability and felt shame at the stigma they would receive from other people. As a result, parents often kept the child at home and out of the public's view.

However, those parents who recognized education as important for their child with a disability faced additional barriers to accessing education (McCabe, 2007).

Are these challenges and barriers faced by parents of children with disabilities specific to countries where a strong belief system informs attitudes?

McCabe (2007) reported that although children with disabilities in the PRC are lawfully entitled to regular education, many schools reject them because the teacher cannot cope with the special attention they need. In addition, parents of children with disabilities in the PRC often have to pay for educational services, if they can afford them. Despite policy, attitudes and beliefs towards individuals with disabilities in both Thailand and the PRC illustrates how influential culture can be in deciding on the outcome of advocacy for and practice of education.

An instructor at the university feels that before policies mandated by the government are to be adhered to, the attitudes of the parents of children with disabilities in Thailand need to be changed. She feels that not only do the parents need to recognize the necessity of education for their children with disabilities but they also have to recognize that they play a vital role in their child's education. Parents need to advocate for quality education instead of leaving all of the responsibility with the teacher. However, as explained to me by a director from one of the special schools, parents in Thailand do not advocate for their children the way parents in North America have advocated. Many families of children with disabilities in Thailand are poor (Amatyakul, Tammasaeng, & Punong-ong, 1995 in Carter, 2006; United Nations Development Programme, 2006; Roeder, 2001; director, school for children with disabilities, personal interview, 2006) and because they are poor, some parents send their child with a disability to school so that they have a bed to sleep in, food to eat, and clothes to wear (director, school for children with disabilities, personal interview, 2006). The director said that these parents do not necessarily perceive education as important for their child with a disability; rather a better place for their child to live. For this reason, the director feels that parents do not advocate to the government as they do not want to make trouble.

In general, North America does not draw from the same Buddism-based belief system towards individuals with disabilities as Thailand does. Nevertheless, the advocacy movement in North America possesses many of the same progressions, qualities, and barriers as the (albeit small) advocacy movement in Thailand (Hess, et al., 2006). Although parents in North America have relatively more choices in seeking out the best educational outcomes for their children, teachers are not fully responsive to their involvement (Hess, et al., 2006). The lack of permitted involvement stems from a fundamental absence of parents' voices when it comes to educational services for children with disabilities. Despite an increasing emphasis on the role parents play in their child's education from a legislative perspective, at the ground level educators, researchers, and policy makers leave parents with only a small platform from which to speak (Hess, et al., 2006).

In Thailand, it appears that the government may need to explore how the religion of Buddism might consider disability and education using a different lens, while still respecting the foundation of Buddism. An exploration of this nature may be useful in effectively ensuring that quality education is being offered to children with disabilities in line with their constitutional right. For example, if the government wants to increase the number of children with disabilities attending school at an age considered normal in Thailand, parents may have to first believe in the necessity of education for children with disabilities within the context of their belief systems. Implementing the education law is a progressive step. It appears that traditional belief systems towards disability and systematic issues surrounding education may be inhibiting the intention of the law from progressing to where the government has set standards. The special education system in North America has and is still dealing with incongruence between government policy and practice at the classroom level. Assuming that a dominant belief system is not a potential inhibiting factor, what is?

SECTION C

PHYSICAL ACTIVITY: Comparing the literature

The central themes that directly contribute to describing physical activity for children with disabilities within an educational context in Thailand will be of particular focus in this discussion. These focal themes are: Provision of Teacher Training, and Meeting the Objectives for Physical Education. The sub-theme that contributes to the latter theme, Participation, will also be discussed as an integral component of describing physical activity for children with disabilities in Thailand. Individualized Education Programs are also discussed as they are mandated by the government to support children with disabilities learning under the National Education Curriculum of which physical education is a component. While reading the following, keep in mind that the information I have presented is directly from the teachers involved in the special education system in Thailand in some form or another. What may be written as policy by the UN or Thai government as described in the findings may not reflect the current situation at the applied level. There is very little research on disability by Thai educators nor is there much literature on disability in Thailand in general that is (a) written in English, or (b) that studies attitudes, participation in inclusive settings including physical education, teacher's perspective's on educating children with disabilities, or the challenges they face while trying to follow the Thai government's Education For All (EFA) Act. Therefore, all literature that will be discussed in relation to my findings is primarily, but not exclusively, from Western countries such as Canada and the United States of America. Western literature may or may not be relevant to the findings given the specific Thai culture under study. The literature presented in this discussion is not meant to superimpose on the present findings; rather, the literature serves to add to the contextualization of disability and physical activity within an international context.

Provision of Teacher Training

The theme Provision of Teacher Training can also be thought of as the "teaching revolution" in that teachers in Thailand are being challenged to restructure their traditional values and modes of practice in the classroom. Of great importance in this study was to understand the physical activity opportunities children with disabilities were receiving within schools and who was providing it. Prior to the constitutional education law and EFA act, there existed a law that stated that children with disabilities did not have to go to school. Since the inception of the current law and EFA act, the government was faced with the need to fill teaching positions in the many special schools that were being built to accommodate the increasing student population with disabilities (Roeder, 2001). But now ten years later, the government has still not caught up with providing adequately trained teachers to educate children with disabilities despite offering scholarship incentives. Furthermore, I was told that teachers, including physical education teachers, in the regular school system at the elementary level are not always adequately trained.

According to a study by Morley, Bailey, Tan, and Cooke (2005), physical education teachers described three key features for success in inclusive practices: appropriate (1) training, (2) resources, and (3) support. However, many of these same teachers in both the special and inclusive schools reported that they did not receive adequate training to teach physical education to students with disabilities (SWD). Most had either some form of formal or informal training while relatively few had no training at all. They also reported that the formal in-service training was inadequate because it did not include physical education. External formal training was also inadequate because it did not teach physical educators how to adapt lessons to include all children. Informal training in the form of conversations with and seeking out advice from other teachers was reported as the best type of training they had received. As well, most of the initial teacher training (ITT) was based on theory with very limited practical work, if any at all. In contrast, many teachers in Thailand who teach in special schools receive very little theory to coincide with their teaching practice. Although teachers in the literature reported that they wanted and needed more ITT and in-service training, the type of training session they wanted was clear: those requiring the least time commitment (i.e. one or two day short sessions) (Davis, Kotecki, Harvey, and Oliver, 2007).

Similarly in Thailand, a large majority of physical educators in special and inclusive schools did not have lengthy formal training to teach students with disabilities. As mentioned, most educators in this field whether in the special or inclusive schools, take a short course provided by the Thai government lasting anywhere from one day to one year. Most recently, in an attempt to prepare future physical education teachers to teach student with disabilities, students in the physical education department at the university are required to take one general course in special education. The physical education program also offers one course in adapted physical education. The resources for the adapted physical education course are provided by the Faculty of Physiotherapy and students are taught how to adapt activities for students with visual impairments. However, the students do not learn about IEPs, a discussion of which will continue in a following section.

Claims of unprepared-ness to instruct and include SWD in physical education classes is further supported by teachers in a separate study by Ammah and Hodge (2005) who described the beliefs and practices of secondary school physical education teachers. The teachers believed that they were not adequately prepared to effectively teach students with severe disabilities (SwSD) because they did not get practical and/or field-based experience prior to teaching them. In addition, the teachers felt uncertain about how to adapt their instruction and activities for inclusion. They concluded that as a result of not being adequately prepared, the teachers' intentions to perform the necessary behaviours for effective inclusion decreased.

A consistent report of uncertainty regarding how to adapt instruction and activities, as well as how to include all students is apparent with teachers in the literature (Morley et al. 2005; Ammah & Hodge, 2005; Hardin, 2005). Even with access to resources such as books, and other teachers, or even have their own ideas on how to adapt, they are struggling when it comes to actually knowing how to adapt an activity effectively so that it enables a student with a disability to participate. As a result, physical education teachers are left to guess on how to adapt instruction and activities based on minor experience and training (Morley et al., 2005; Ammah & Hodge, 2005; Davis et al., 2007; Smith & Green, 2004). This uncertainty leads to frustration, possible resentment towards the SWD, and a lack of confidence (Morley et al., 2005; Ammah & Hodge, 2005; Hardin, 2005).

My present study in Thailand revealed both supporting and contradictory accounts regarding the preparedness of teachers to include students with disabilities in the PE class. A teacher at one of the special schools admitted that the physical education teacher was not qualified to teach that subject but thought that in the future "it would be better." An instructor at the university indicated that many of the teachers in the special schools lacked training in teaching children with disabilities; including the teachers in inclusive education. The physical education teachers in the special and regular schools in Thailand admitted that they did not hold degrees in physical education or special education. Even with the admitted lack of training, none of these teachers appeared to express any concerns regarding their ability to adapt for participation. This is in sharp contrast to the reports in the literature.

The physical education teacher at the regular school reported that he had no problems including SWD and that he "felt happy to teach them." He said that although it is sometimes a challenge to integrate the SWD, he "can do it" even though it is hard to make them happy during play. In contrast, the same instructor at the university stated that teachers in inclusive schools reported problems relating to lack of support within their classrooms. While not consistent, the 'downplay' of barriers to inclusive participation recounted by teachers in Thailand opposes teacher's perspective's as cited in the North American literature. A possible reason for this discrepancy may be related to Thai culture. Having visited Thailand on two separate occasions including the period of data collection, I know that it is part of Thai custom to 'save face'. As a part of the Buddist perspective, Thai people do not reveal emotions or troubles that may not be satisfactory.

Teachers in two separate studies believed that inclusion depended on the ability or inability of the student to participate in a certain activity rather than their own ability to include SWD in their class, (Morley et al., 2005; Menear & Davis, 2007). The notion of disregarding the preparedness or proficiency of teachers to effectively include students with disabilities was also stated by a teacher at one of the special schools in Thailand:

> "When they study in regular school, they have to join a physical education class, like ah other students. But ah the way that they learn, the way that they participate or the classroom assignment ahhh, should be adapt to fit with them like um when when their friend study about um ah basketball or volleyball, they have assignment like um to search from on the internet about wheelchair… and try to practice, ah depends on their their ability, their potential."

This attitude of putting the onus on the student with a disability to fit in to an activity contradicts the North American philosophy of inclusion (Craft, 1996). The philosophy of inclusion in Thailand may or may not differ from the North American definition; however, I did not learn the definition of inclusion in Thailand. Based on the reports from teachers in special schools regarding the relatively new concept of inclusion, inclusion in an educational context in Thailand appears to refer to children with disabilities attending a mainstream school. According to Roeder (2001) during his visits to special and inclusive schools in Thailand, 'inclusive' more often meant that the student with a disability attended the same school but were either in a self-contained classroom, or off to the side in the same classroom as students without disabilities. The debate here regarding inclusive education in Thailand is relevant because one of the main proponents of Thailand's educational reform is a move towards inclusive education. The concept of inclusion in North America has been a source of struggle for teachers and a source of debate among researchers. Although the North American philosophy of inclusion persists as a progressive move forward from the placement of the child with a disability in the classroom, the 'inclusion' of students with disabilities in Thailand and North American PE classes at times closely resembles this placement (LaMaster, Gall, Kinchin, & Siedentop, 1998; Block, 1999; Craft, 1996; Ammah and Hodge, 2005).

In summary, it appears that teachers in Thailand do not have access to the supports that some teachers in North America do but seem less concerned about these resources. The level of reported concern over teacher preparedness seems contradictory given the apparent lack of government support for educating people with disabilities in Thailand. With teachers in Thailand not receiving adequate training to provide physical education to students with disabilities, the issue then becomes one of the cultural values placed on physical activity and, combined with the attitude towards disability, the importance of physical activity for children with disabilities.

Participation

Meeting the objectives for the physical education class and the sub-theme that contributes to meeting the objectives are extremely important when addressing the main question of inquiry of this thesis. Several studies have found that participation for children with disabilities in inclusive PE class is indirectly proportionate to the self-efficacy PE teachers have in teaching students with disabilities due to the level of perceived threats (Hutzler, Zach, & Gafni, 2005; Kowalski, & Rizzo, 1996). The implication here reaches beyond the actual abilities of the student with a disability. North American literature suggests that participation in physical activities for children with various physical disabilities can increase their self-perception and independence as well as enable them to demonstrate physical potential and competence (Taub, Blinde, & Greer, 1999). Subsequently, participation in physical activity can challenge the negative perspectives individuals without disabilities may have towards the abilities of children with disabilities (Blinde & McClung, 1997). Given the current limited nature of training to teach students with disabilities in Thailand, there is a possibility that if teachers feel uncertain about their ability to teach inclusive PE, then the social experiences, self-concepts, and health benefits for the student with a disability may be sacrificed. However, given Thai cultural beliefs and practices, this topic would need to be further explored.

Participation in physical activity within the school setting in Thailand is also of great interest because although the national curriculum provides a framework of activities and objectives for each grade, there is an assumption that all children are participating the way one might expect to participate in physical education. However, according to reports by teachers in the special schools, participation in physical education class in the special and regular schools does not always include physically participating. From the reports given by the teachers in the special and inclusive schools in Thailand, it became clear that participation in physical education was dependent on the abilities of the majority of students in the class. Those children whose physical performance was below that of other students in the class often participated in other ways such as being the referee in a game, keeping score, or researching the sport on the internet. In contrast to the regular PE teacher's account that SWD in his class fully participate, teachers and directors at the special schools believe that when SWD attend inclusive schools they do not participate in physical activity the way that they should. The belief by the regular PE teacher that he was effective in providing an inclusive setting is consistent with the Ammah and Hodge (2005) study of secondary school PE teacher's beliefs and behaviours towards inclusion. In their study, teachers thought that they were effectively teaching and including the SWD in their classes. Of particular relevance however, the researchers found that the teachers were not as effective at inclusion as they believed themselves to be.

Teacher's reports on the kind of participation students with disabilities experience in both special and inclusive PE classes in Thailand was consistent with the perspectives of teachers in the North American literature. Certain activities had to be modified (the activity itself, rules, equipment) in order for the SWD to participate successfully. For example, one teacher in the literature described how a student in a wheelchair would play the quarterback in the football unit but the other team was not allowed to rush him. This is a great example of modifying the rules of an activity. However, this same teacher admitted that there were activities that the student with a disability could not do. In these situations the student would stand on the sidelines and officiate the activity instead (Ammah and Hodge, 2005). Not dissimilar is a report by one of the PE teachers at a special school in Thailand who admitted that sometimes students with multiple disabilities cannot perform the activity so instead they act as the "judge person." The serious problem with this type of participation is that for many children with and without disabilities, physical education class is the only physical activity they get in a day. This reality appears to contradict one of the objectives stated by the PE teachers at both the special and inclusive schools in Thailand which is to develop skills to promote an active and healthy lifestyle for life.

The challenge of participation by students with disabilities in PE classes both in Thailand and in the literature may also be explained by the requirement to fulfill the needs of the other students in the class. A concern cited by physical education teachers in the literature was the extent to which levels of inclusion affected both the student with a disability as well as the rest of the class (Morley et al., 2005; Lieberman, James, & Ludwa, 2004). Concern was expressed that the rest of the class would not be challenged or learn according to the objectives in the curriculum if they were slowed down due to the perceived impact of inclusion. At the same time, they recognized that inclusion needed to be favorable to the student with a disability (Morley et al., 2005).

At this point, a note is needed on the special school environment. Special schools for students with particular disabilities are more common throughout all of Asia than mainstream or inclusive schools such as commonly practiced in Western countries (Sit, Linder, Sherrill, 2002). Although inclusive schools are promoted as an option for students with disabilities to attend in Thailand, special schools are much more common place for students with disabilities. A teacher at one of the special schools in Thailand stated that a benefit to attending a special school, in relation to participating in PE class, was that children get to be with others like them and others who understand the challenges they face. As a result, they learn together, help each other, and are able to feel like they belong. Sit et al. (2002, p. 464) in their study on sport participation of Hong Kong Chinese children with disabilities in special schools suggested also that being in a familiar environment with peers who also have a disability "may provide opportunities for children with disabilities to cope with physical self-care and develop higher levels of self-esteem."

Other studies have found similar results in support of familiar sport or recreational environments as a factor for increased physical competence. For example, Ninot, Bilard, and Delgnières (2005) compared athletic competency and general self-worth levels in adolescent swimmers with intellectual disabilities who either participated in a segregated swimming group, integrated swimming group, adapted physical activity class (within a segregated school) or who were sedentary. The authors found significantly lower perceived athletic competence for the group of swimmers with intellectual disabilities who participated in the integrated swimming group, despite an increase in athletic performance. There were no increases in general self-worth across all four groups.

Furthermore, Goodwin and Staples (2005) captured experiences of campers with disabilities who attended a segregated summer camp. Accounts from the campers suggest that segregated recreational settings are a place where adolescents with disabilities can increase their independence and physical competency, share common experiences, and feel a sense of belonging. Likewise, Chin-Ju and Brittain

(2006) concluded that segregated sports provide elite athletes with disabilities an environment to leave behind the physical comparisons and create a positive identity.

Conversely, Maïano, Ninot, Bruant, and Bilard (2002) did not find any significant difference in the level of perceived athletic competency for adolescent basketball players with intellectual disabilities who participated in both segregated and integrated competitive environments. Adolescent basketball players who participated in a segregated adapted physical activity class also did not show an increase in their physical competency. General self-worth levels did not increase for any of the participants across all groups. Participation in physical education classes in special schools in Thailand may or may not provide students with an increased sense of belonging, or an environment where quality of participation is influenced by peers' understandings of the challenges each face. Future research regarding this aspect of participation in special and inclusive schools in Thailand would add to the international debate on identity issues, physical activity, and the environmental context.

In summary less "guess work" and increased prepared-ness by teachers are two factors, among others previously mentioned, that would increase the likelihood of successful participation by all. Understanding and working with an Individualized Education Program (IEP) might help to move in the desired direction of the Thai government's policies. The following section will focus on IEPs as an influence on the quality of physical education students with disabilities receive and as a potential factor in meeting the objectives for physical education.

Individualized Education Programs (IEP)

Thailand follows a National Curriculum for education and the special schools adapt this curriculum for physical education to suit the specific needs of the students with disabilities. Yun, Shapiro, and Kennedy (2000) noted that very little literature has focused on strategies that work towards fulfilling the requirements of both the Individual Education Programs and the physical education curriculum. In Thailand, IEPs are not only the right of the student with a disability but are also mandatory for all schools to complete for each student with a disability in order to receive financial support from the Thai government. According to Wilson Kamens (2004), IEPs are the foundation of instruction for students with disabilities and teachers should regard the IEP as a document with a purpose and consider its influence on the student. To ensure that proper adaptations can be made for each subject, including physical education, teachers not only need to know how to correctly write an IEP but they need to attach meaning to the IEP (Smith, 1990).

Although IEPs for every student with a disability are mandated by Thai legislation, this practice is not followed consistently in the special or regular schools; rather only the students with more severe disabilities receive an IEP. Part of this inconsistency is due to a large number of teachers not understanding how to fill out the IEP form (instructor, university, personal interview, 2006). Despite short training courses on how to write IEPs, the instructor at the university reported that the reason IEPs are not completed is because many teachers do not know how to fill out an IEP form correctly. For example, if there are items in addition to the standard ten on the form such as behaviour, speech, or emotional problems, teachers often do not know to add the particular issue to the form and as a result, those issues are not dealt with. This, combined with the fact that many of the teachers at these special schools do not have formal special education training, provides some insight into the challenges regarding IEPs.

The lack of knowledge in writing IEPs may affect the attitude towards the IEP process. For example, a teacher at one of the special schools reported that IEPs were not taken seriously. Many times, they are filled out just to get the funding. Similarly in North American literature, several studies have suggested that teachers often write IEPs that are not usable or of benefit to the student with a disability (Drasgow, Yell, & Robinson, 2001; Huefner, 2000; Menlove, Hudson, & Suter, 2001; Pretti-Frontczak, & Bricker, 2000; Smith, 1990). Instead, teachers in the literature often view the IEP process as time consuming and as additional tedious paperwork (Smith, 1990; Wilson Kamens, 2004). The concept of the IEP and writing the IEP may need to be revisited by government policy makers in terms of its use and effectiveness.

Teachers at the special schools consistently reported that there were too many students and only one teacher; therefore the teacher did not have enough time to write IEPs for all of the students. A survey on IEPs conducted by Lea-Tarver (2006) revealed that 26.9 %, of 123 regular teachers surveyed, felt that the time spent on writing IEPs did not justify its worth. The author suggested that these teachers did not feel like they were a part of the IEP development process. In Thailand, teachers do not usually write IEPs as a part of a collaborative team. They feel that they do not have enough time to write an IEP for every student due to class size which, coupled with inadequate training on writing IEPs, may or may not support IEP development.

Although writing an Individualized Education Program for each student with a disability is mandatory in both North America and Thailand, teachers from both countries report similar challenges in doing so, such as the time it takes to write an IEP and the number of students that require one. The inception of the constitutional education law, the EFA act, and the policies that accompany these new ways of educating children with disabilities in Thailand are largely influenced by more developed countries such as North America and Australia. The problems teachers in Thailand face with policies such as mandatory IEPs, may be that they are in fact imported rather than a process designed to fit into the educational reform.

Future Research

This study was limited to one inclusive school setting and special schools for children with physical disabilities in Chiang Mai, Thailand. Given the cultural beliefs towards disability, it would be of interest to look at physical education for children with intellectual disabilities. However, a greater exploration into the teaching beliefs and actual teaching behaviours would account for a greater understanding of the quality of physical education students with disabilities in Thailand receive. The exploration should extend to not only the special schools but the inclusive schools as well. Furthermore, Chiang Mai is popularly known for its many educational institutions both for students with and without disabilities. According to Roeder (2001) a disproportionate number of people living with disabilities reside in the Northeastern portion of Thailand. This is also one of the poorest areas in the country. Therefore, an opportunity to explore and compare resources and practices of physical education in schools in Chiang Mai and in the Northeast would provide a greater understanding of physical activity for children with disabilities in Thailand.

Although the challenges of interviewing children with disabilities in Thailand would be significant, obtaining the views of the students in the special and inclusive schools through activity diaries, interviews, and observations regarding their participation in physical education class would present a greater depth of understanding to my main question of inquiry.

CONCLUSION TO THE DISCUSSION CHAPTER

Physical activity for children with disabilities in Thailand is surrounded by notions of cultural belief systems towards disability as well as beliefs about education for children with disabilities. The relatively new legislative education policies have challenged these belief systems for some parents and teachers. As a result, some teachers at special and regular schools have found themselves teaching in an unfamiliar territory. With limited training to teach students with disabilities and little government support in terms of classroom support, resources, and training opportunities, the impact of the Education For All act of 1999 appears to remain an area of challenge in relation to physical activity.

There is limited research on both physical education in special schools and on issues surrounding inclusion and physical education in the regular schools in Thailand. Participation in physical education emerged as a significant indicator of the physical activity opportunities students with disabilities in Thailand often receive.

In conclusion, as reported by several teachers in the special and regular schools, physical activity for children with disabilities in Thailand is essential for their physical development, social interaction, and healthy living. The actual participation of these children does not always fulfill these objectives; however, there is a move to educate existing teachers on new strategies to provide quality learning opportunities. Cultural beliefs seem to play an important role in if and how children with disabilities are educated. With the inception of the EFA act in 1999, the education system has seen great reform. Schools and teachers are still trying to find their place in providing progressive educational value to families of children with disabilities, and to children with disabilities themselves. This thesis is the first of many steps in attempting to describe physical activity for children with disabilities in Thailand and one that I hope will add value to the limited available literature.

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Appendix A

Sample Interview Schedule:

Teachers at Schools for Children with Disabilities

Part 1 – School/ student information

1. Who comes to this school to be a student?
2. At what age do students come to school? Why do some children start later?
3. What do they do if they stay at home?
4. Where do they students come from?
5. What is the diagnosis for children attending this school?
6. Who makes that diagnosis?
7. When does a student leave the school?
8. Who makes the decision to leave?
9. Where do they go?
10. Who makes the decision of where to go?

Part 2 – School programs

11. How are the students grouped together in the school?
12. Where do you get your curriculum? (How has it changed over the years?)
13. How would you explain your academic programs here at the school? (What classes do the students go to?)
14. Do you have individual programs for each child?

Part 3 – Physical Education Program

15. How would you describe your physical education program? (curriculum)
16. How are the students grouped in the physical education class?

17. Who participates in physical activities?
18. Are there any exceptions? When? Who?
19. What is the national physical education curriculum that guides day-to-day physical activities?
20. How have these policies changed over the years?
21. What are the objectives for the physical education program?
22. Who makes those objectives?
23. Why do you choose the activities that you do?
24. What sports do the children play?
25. What free play activities do the children play?
26. On an average day, how much physical activity do children get?
27. When do they get to play?

Part 3 – Disability

28. What does it mean to have a disability/ to be handicapped?
29. What kinds of people have a disability/ are handicapped?

Appendix B.1

Sample Interview Schedule:

Special Education Instructor at the University

Part 1 – School Questions

1. What is the diagnosis for children attending segregated schools?
2. How does the process of diagnosis work?
3. How are the students organized in the segregated schools?
4. How would you explain programs at the schools?
5. Do all of the segregated schools follow some basic guidelines for teaching and learning? Can you explain?
6. How does the education system work in terms of segregated schools and regular schools? (prompt: who goes to segregated schools and why)
7. Are there children with mild disabilities in regular schools? (How is that decided? How does it work?)

Part 2 – Special Education Questions

1. Where do special education teachers get their information for teaching?
2. Do you have textbooks on disability from Thailand? If not, why?
3. Can you explain the special education program at the university?
4. Can you explain protocols or regulations regarding teaching children with disabilities?
5. Who teaches physical activity to children with disabilities?
6. Can you explain the training they receive?
7. How long has special education been a part of Thai education?

8. How has special education changed over the years? In recent years?
9. What has influenced those changes?

Part 3 – Physical Activity Questions

1. What is the importance of physical activity in the Thai culture?
2. Are there national physical activity programs for all Thai people?
3. What role does the government play in physical activity?
4. Is physical activity considered important for children with disabilities?
5. What opportunities are available for children with disabilities to be physically active?

Part 4 – Disability Questions

1. How is disability viewed in Thailand?
2. Is there a definition of disability in Thailand?
3. Can you define disability?
4. What people are considered to have a disability?
5. Are physical and intellectual disabilities viewed differently? If so, how?
6. Has there been a change in attitude towards disability over the years?

Appendix B.2

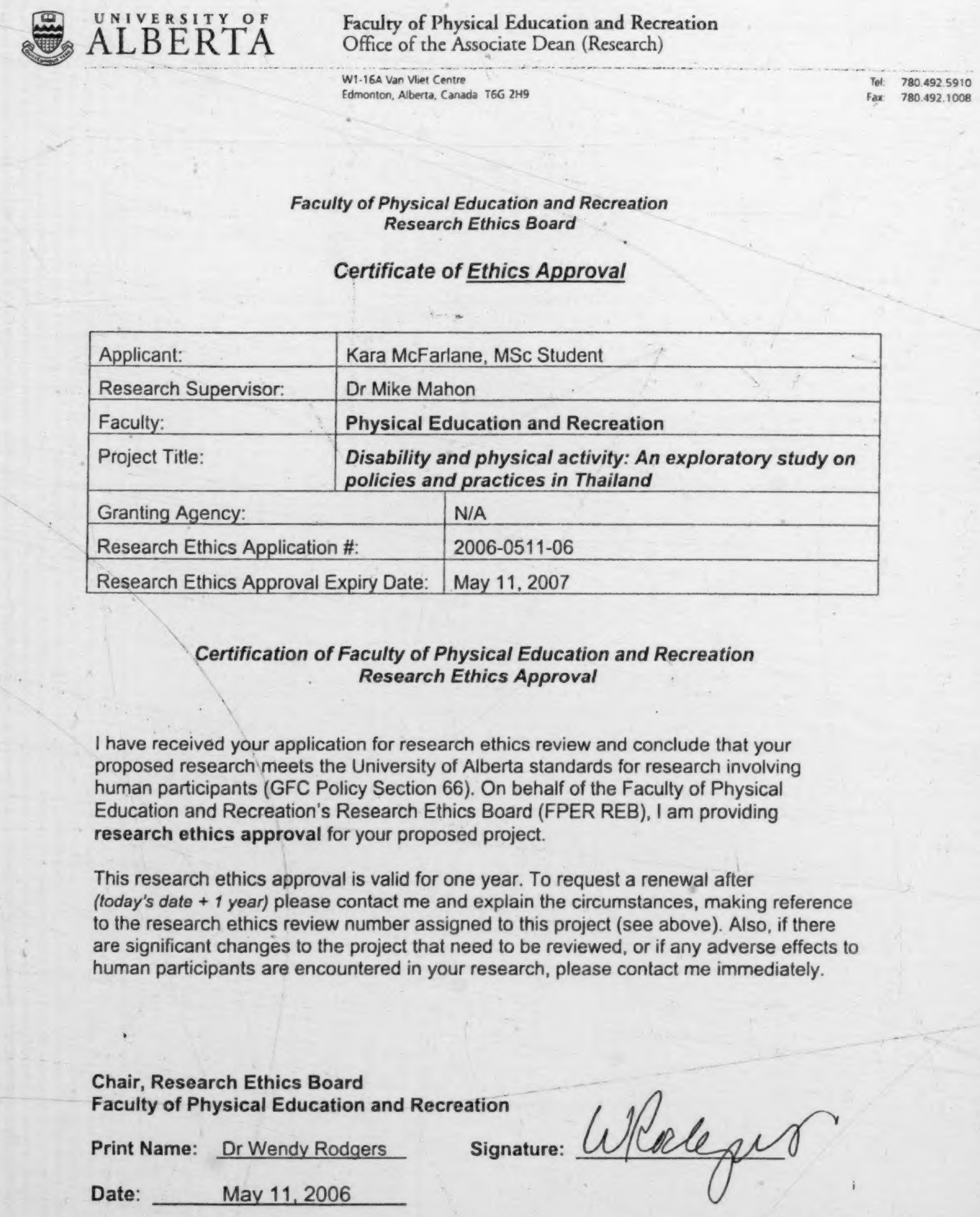
Sample Interview Schedule:

Physical Education Instructor at the University

1. What is the importance of physical activity for Thai people?
2. What role does the government play in physical activity for Thai people?
3. Are there national programs promoting physical activity? Can you describe?
4. How has the importance of physical activity changed over the years?
5. Can you explain the education requirements to teach physical education in schools?
6. What are the objectives of the PE program at the university?
7. How has the PE program at the university changed over the years?
8. Do the PE students at the university learn about teaching students with disabilities?
9. Do the PE students at the university have to learn about IEP's?
10. What does it mean to have a disability?
11. What people are considered to have a disability?
12. Are there any students in schools who wouldn't participate in PE?
13. What do Thai people think about people with disabilities participating in sports?

Appendix C

Certificate of Ethics Approval



UNIVERSITY OF ALBERTA

Faculty of Physical Education and Recreation
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Faculty of Physical Education and Recreation
Research Ethics Board

Certificate of Ethics Approval

Applicant:	Kara McFarlane, MSc Student
Research Supervisor:	Dr Mike Mahon
Faculty:	**Physical Education and Recreation**
Project Title:	***Disability and physical activity: An exploratory study on policies and practices in Thailand***
Granting Agency:	N/A
Research Ethics Application #:	2006-0511-06
Research Ethics Approval Expiry Date:	May 11, 2007

Certification of Faculty of Physical Education and Recreation Research Ethics Approval

I have received your application for research ethics review and conclude that your proposed research meets the University of Alberta standards for research involving human participants (GFC Policy Section 66). On behalf of the Faculty of Physical Education and Recreation's Research Ethics Board (FPER REB), I am providing **research ethics approval** for your proposed project.

This research ethics approval is valid for one year. To request a renewal after *(today's date + 1 year)* please contact me and explain the circumstances, making reference to the research ethics review number assigned to this project (see above). Also, if there are significant changes to the project that need to be reviewed, or if any adverse effects to human participants are encountered in your research, please contact me immediately.

Chair, Research Ethics Board
Faculty of Physical Education and Recreation

Print Name: Dr Wendy Rodgers **Signature:**

Date: May 11, 2006

Appendix D.1

Information Letter (available in English and Thai)

[Letter for Organizations]

Research Project Title:	Disability and physical activity: An exploratory study on policies and practices in Thailand.
Investigator:	Kara McFarlane, Master of Science Candidate Faculty of Physical Education and Recreation University of Alberta 780.492.2679 karam@ualberta.ca
Supervisor:	Dr. Mike Mahon, Professor and Dean Faculty of Physical Education and Recreation University of Alberta 780.492.3198 mike.mahon@ualberta.ca

Background Information and Purpose of the Study:
I am a graduate student who is interested in how disability is constructed in Thailand. I also want to learn how children with disabilities participate in physical activities and what those activities are. The research has one main goal: to learn and understand how people with disabilities are involved in physical activity in schools in Thailand so that international organizations can have a better understanding of disability in Thailand.

I am asking your permission to become familiar with your organization by spending time working with teachers and administrators. I will also write about the experience and I may take notes about the physical activities that the children participate in.

Certain people may also be asked to participate in interviews. Their total time of participation should not be more than 2 ½ hours. The purpose of the interview will be explained to each person either through a letter or verbally, and they will be asked to give permission. At the end of my stay in Thailand, a preliminary report of the research findings will be available upon request. The information gathered will be used for my university degree, and may be published as a paper and presented at conferences. A final report of the research will be sent to your organization upon request.

Potential Benefits:
Participation in this study will provide participants with opportunities to share their thoughts about providing physical activities to children with disabilities within the schools.

(please turn over)

Potential Risks:
Your participation in this study is completely voluntary. There are no known risks to your participation; however, it is possible that sharing personal or sensitive information during interviews could make people feel uncomfortable.

Right to Withdraw:
You may stop your participation in the study for any reason, at any time, without penalty of any sort. To stop, tell me that you wish to end your participation in the study. All information that has been collected from your organization will be removed from the study and will be destroyed.

Anonymity and Confidentiality:
We will not use your name in this study. A made-up name will be used for interviews. To ensure confidentiality, all audio-recordings and personal information will be coded and stored in a locked room, to which only I have access. The data will be taken back to Canada, where it will be stored in a locked office for a minimum of five years upon completion of the study, after which it will be destroyed.

Consent Form and Additional Contact Information:
Attached to this letter you will find a consent form. The consent form is used to make sure you understand the research study. If you agree to participate in this study, please answer the yes/no questions.

If you have any questions about the study, please feel free to ask at any time. If you have any concerns about this study, you may contact Dr. Brian Maraj, Chair of the Research Ethics Board at 780.492.5910. Dr. Maraj has no direct involvement with this project.

Thank you for taking the time to read this letter.

Kara McFarlane

Appendix D.2

INFORMED CONSENT FORM (available in English and Thai)
[Form for Organizations]

Part 1 (to be completed by the Principal Investigator)

Title of Project: Disability and physical activity: An exploratory study on policies and practices in Thailand.

Investigator: Kara McFarlane, MSc Candidate
Faculty of Physical Education and Recreation, University of
Alberta
780.492.2679 karam@ualberta.ca

Supervisor: Dr. Mike Mahon, Professor and Dean
Faculty of Physical Education and Recreation, University of
Alberta
780.492.3198 mike.mahon@ualberta.ca

Part 2 (to be completed by the research participant)

Do you understand that your organization has been asked to be in a research study?	Yes	No
Have you read and received a copy of the attached Information Sheet	Yes	No
Do you understand the benefits and risks involved in taking part in this research study?	Yes	No
Have you had an opportunity to ask questions and discuss this study?	Yes	No
Do you understand that you are free to refuse to participate, or to withdraw from the study at any time, without consequence, and that your information will be withdrawn at your request?	Yes	No
Has the issue of confidentiality been explained to you? Do you understand who will have access to your information?	Yes	No
I agree to participate in interviews and to allow the investigator to take notes throughout the interview that may be used for the research project.	Yes	No

(please turn over)

This study was explained to me by: ______________________________

I agree for my organization to take part in this study:

____
Name of Organization

Signature of Research Participant	Date	Witness
Printed Name		Printed Name

____
Position in Organization

I believe that the person signing this form understands what is involved in the study and voluntarily agrees to participate.

Signature of Investigator or Designee	Date

The information sheet must be attached to this consent form and a copy of both forms given to the participant.

Appendix D.3

Information Letter (available in English and Thai) [Letter for Interviewees]

Research Project Title:	Disability and physical activity: An exploratory study on policies and practices in Thailand.
Investigator:	Kara McFarlane, Master of Science Candidate Faculty of Physical Education and Recreation University of Alberta 780.492.2679 karam@ualberta.ca
Supervisor:	Dr. Mike Mahon, Professor and Dean Faculty of Physical Education and Recreation University of Alberta 780.492.3198 mike.mahon@ualberta.ca

Background Information and Purpose of the Study:
I am a graduate student who is interested in how disability is constructed in Thailand. I also want to learn how children with disabilities participate in physical activities and what those activities are. The research has one main goal: to learn and understand how disability is shaped by policies and practices so that international organizations can have a better understanding of disability in Thailand.

People who are familiar with and work with children with disabilities have been asked to take part in this study. If you agree you may be asked to talk about your experiences working with children with disabilities.

Interviews may last anywhere from 20 minutes to 2 hours. You may be asked for a second interview. I can meet with you at a location that is convenient for you. Your total time of participation should not be more than 2 ½ hours. The interviews may be audio-recorded and will be transcribed (written out) word for word.

For three months, I will be in Chiang Mai, visiting schools for children with disabilities. With permission, I may take notes of people and activities. The information will be used to help me understand disability and physical activity in Thailand. The information will also be used for my university degree, and may be published as a paper and presented at conferences. A final report of the research will be sent to you upon request.

Potential Benefits:
Participation in this study will provide participants with opportunities to share their thoughts about providing physical activities to children with disabilities within the schools.

(please turn over)

Potential Risks:
Your participation in this study is completely voluntary. There are no known risks to your participation; however, it is possible that sharing personal or sensitive information during interviews could make people feel uncomfortable.

Right to Withdraw:
You may stop your participation in the study for any reason, at any time, without penalty of any sort. To stop, tell may that you wish to end your participation in the study. All information that has been collected will be removed from the study and will be destroyed upon request. Stopping the research will not affect your participation in your school.

Anonymity and Confidentiality:
We will not use your name in this study. A made-up name will be used for interviews and photographs. To ensure confidentiality, all audio-recordings, photographs, and personal information will be coded and stored in a locked room, to which only I will have access. The data will be taken back to Canada, where it will be stored in a locked office for a minimum of five years upon completion of the study, after which it will be destroyed.

Consent Form and Additional Contact Information:
Attached to this letter you will find a consent form. The consent form is used to make sure you understand the research study. If you agree to participate in this study, please answer the yes/no questions.

If you have any questions about the study, please feel free to ask at any time. If you have any concerns about this study, you may contact Dr. Brian Maraj, Chair of the Research Ethics Board at 780.492.5910. Dr. Maraj has no direct involvement with this project.

Thank you for taking the time to read this letter.

Kara McFarlane

Appendix D.4

INFORMED CONSENT FORM (available in English and Thai)
[Form for Interviewees]

Part 1 (to be completed by the Principal Investigator)

Title of Project:	Disability and physical activity: An exploratory study on policies and practices in Thailand.
Investigator:	Kara McFarlane, MSc Candidate Faculty of Physical Education and Recreation, University of
Alberta	
	780.492.2679 karam@ualberta.ca
Supervisor:	Dr. Mike Mahon, Professor and Dean Faculty of Physical Education and Recreation, University of
Alberta	
	780.492.3198 mike.mahon@ualberta.ca

Part 2 (to be completed by the research participant)

Do you understand that you have been asked to be in a research study?	Yes	No
Have you read and received a copy of the attached Information Sheet	Yes	No
Do you understand the benefits and risks involved in taking part in this research study?	Yes	No
Have you had an opportunity to ask questions and discuss this study?	Yes	No
Do you understand that you are free to refuse to participate, or to withdraw from the study at any time, without consequence, and that your information will be withdrawn at your request?	Yes	No
Has the issue of confidentiality been explained to you? Do you understand who will have access to your information?	Yes	No
I agree to keep confidential any information that I might learn about other people as a result of participation in a group interview.	Yes	No

(please turn over)

This study was explained to me by: ________________________________

Signature of Research Participant	Date	Witness
Printed Name		Printed Name

I believe that the person signing this form understands what is involved in the study and voluntarily agrees to participate.

Signature of Investigator or Designee	Date

The information sheet must be attached to this consent form and a copy of both forms given to the participant.

Appendix E.1

จดหมายข้อมูล (เป็นภาษาอังกฤษและภาษาไทย)
(แบบฟอร์มสำหรับองค์กร)

หัวข้อโครงการ : การทุพพลภาพและกิจกรรมการออกกำลังกาย : การศึกษาเชิงอธิบายเกี่ยวกับนโยบายและการปฏิบัติในประเทศไทย

ผู้ศึกษา : คารา แมคฟาร์เลน นักศึกษาปริญญาโทวิทยาศาสตร์มหาบัณฑิต
คณะพลานามยและนันทนาการ มหาวิทยาลัยอัลเบอร์ต้า
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อาจารย์ที่ปรึกษา : ดร.ไมค์ มาฮอน ศาสตราจารย์และคณบดี
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ข้อมูลภูมิหลังและวัตถุประสงค์ของการศึกษา :

ดิฉันเป็นนักศึกษาปริญญาโทที่สนใจว่ามีการจัดการเรื่องทุพพลภาพอย่างไรในประเทศไทย ดิฉันต้องการเรียนรู้ด้วยว่าเด็กๆที่มีสภาพทุพพลภาพเข้าร่วมในกิจกรรมพลานามัยอย่างไร และกิจกรรมเหล่านั้นคืออะไรการวิจัยมีจุดประสงค์ใหญ่ประการหนึ่งคือเพื่อเรียนรู้และเข้าใจว่าผู้ทุพพลภาพได้เข้าไปเกี่ยวข้องในกิจกรรมพลานามัยในโรงเรียนในประเทศไทยอย่างไรเพื่อที่ว่าองค์กรนานาชาติทั้งหลายจะมีความเข้าใจเกี่ยวกับการทุพพลภาพในประเทศไทยดีขึ้น

ดิฉันขออนุญาตจากคุณให้ทำความคุ้นเคยองค์กรของคุณโดยใช้เวลาทำงานกับครูและผู้บริหารดิฉันจะเขียนเกี่ยวกับประสบการณ์ด้วยและอาจจดบันทึกเกี่ยวกับกิจกรรมพลานามัยที่เด็กๆเข้าร่วม

คนจำนวนหนึ่งอาจถูกขอให้ร่วมมือในการสัมภาษณ์เวลาที่ใช้ในการให้ความร่วมมือนี้ทั้งหมดไม่ควรเน 2 ชั่วโมงครึ่ง วัตถุประสงค์ของการสัมภาษณ์จะถูกอธิบายให้แต่ละคนทั้งผ่านจดหมายหรือโดยวาจาและจะขอให้ผู้เข้าร่วมในการสัมภาษณ์อนุญาตในตอนท้ายของการนำพักอยู่ในประเทศไทยของดิฉันรายงานเบื้องต้นเกี่ยวกับการค้นพบในการวิจัยจะจัดหาให้ตามการร้องขอข้อมูลที่เก็บได้จะถูกใช้เป็นคุณวุฒิการศึกษาของดิฉันตามการร้องขอและอาจมีการตีพิมพ์เป็นรายงานและนำเสนอในที่ประชุมทางวิชาการ รายงานผลการวิจัยฉบับสุดท้ายจะจัดส่งมายังองค์กรของคุณตามที่ได้รับการร้องขอ

ประโยชน์สูงสุดที่จะได้รับ:

การให้ความร่วมมือในการศึกษานี้จะให้โอกาสแก่ผู้ให้ความร่วมมือในการศึกษาได้ร่วมแสดงความคิดเห็นเกี่ยวกับการจัดกิจกรรมการออกกำลังกายให้แก่เด็กๆที่ทุพพลภาพภายในโรงเรียน

[กรุณาพลิกหน้าต่อไป]

การเสี่ยงสูงสุด:
การให้ความร่วมมือในการศึกษานี้เป็นการสมัครใจโดยสิ้นเชิง ไม่มีการเสี่ยงปรากฏในการการให้ความร่วมมืออย่างไรก็ตามมีความเป็นไปได้ว่าการให้ความร่วมมือด้วยตนเองหรือการให้ข้อมูลที่มีความละเอียดอ่อนในระหว่างการสัมภาษณ์สามารถทำให้รู้สึกอึดอัดได้

สิทธิในการถอนตัว:
คุณอาจหยุดให้ความร่วมมือในการศึกษานี้ได้ ไม่ว่าโดยเหตุผลใดๆก็ตามโดยไม่มีการถูกลงโทษใดๆ เพื่อที่จะหยุดแจ้งดิฉันว่าคุณต้องการหยุดการให้ความร่วมมือในการศึกษานี้ ข้อมูลทั้งหมดที่ได้เก็บรวบรวมจากการให้ความร่วมมือทางคุณจะถูกนำออกไปจากการศึกษานี้ และจะถูกทำลาย

นามแฝงและความน่าเชื่อถือ:

เราจะไม่ใช้ชื่อทางคุณในการศึกษานี้นามแฝงจะถูกใช้สำหรับการสัมภาษณ์เพื่อให้เป็นที่น่าเชื่อถืออย่างแน่นอน การบันทึกเสียงและข้อมูลส่วนตัวทั้งหมดจะถูกถอดรหัสและเก็บไว้ในห้องที่ปิดไว้ ซึ่งเป็นห้องที่ดิฉันเข้าไปใช้ได้แต่เพียงผู้เดียวข้อมูลจะถูกนำกลับไปยังแคนาดาซึ่งจะถูกเก็บไว้ในห้องทำงานที่ปิดไว้เป็นเวลาอย่างน้อย 5 ปี ภายใต้เวลาเสร็จสิ้นการศึกษานี้ หลังจากนั้นจะถูกทำลาย

แบบฟอร์มการยินยอมและข้อมูลการติดต่อเพิ่มเติม
คุณจะพบแบบฟอร์มการยินยอมแนบมากับจดหมายนี้ แบบฟอร์มการยินยอมจะถูกใช้เพื่อให้แน่ใจว่าคุณเข้าใจการศึกษาวิจัย หากคุณตกลงให้ความร่วมมือในการศึกษานี้ กรุณาตอบคำถามใช่หรือไม่ใช่ หากคุณมีคำถามใดๆเกี่ยวกับการศึกษา ขอให้สบายใจที่จะถามได้ทุกเมื่อ หากคุณมีความเกี่ยวข้องรับผิดชอบใดๆเกี่ยวกับการศึกษานี้ คุณสามารถติดต่อกับดร.ไปร์อัน มาราย ซึ่งเป็นประธานคณะกรรมการจริยธรรมในการวิจัยได้ที่ 780.492.5910 ดร.มารายไม่มีส่วนเกี่ยวข้องโดยตรงกับโครงการนี้เลย

ขอบคุณสำหรับการใช้เวลาในการจดหมายนี้
คารา แมคฟาร์เลน

Appendix E.2

แบบฟอร์มแจ้งการยินยอม (เป็นภาษาอังกฤษและภาษาไทย)
(แบบฟอร์มสำหรับองค์กร)

ส่วนที่ 1 (กรอกโดยผู้สำรวจระดับหัวหน้า)

หัวข้อโครงการ : การทุพพลภาพและกิจกรรมการออกกำลังกาย : การศึกษาเชิงอธิบายเกี่ยวกับนโยบายและการปฏิบัติในประเทศไทย

ผู้ศึกษา : คารา แมคฟาร์เลน นักศึกษาปริญญาโทวิทยาศาสตร์มหาบัณฑิต
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คณะพลานามัยและนันทนาการ มหาวิทยาลัยอัลเบอร์ต้า
780.492.3198 mike.mahon@ualberta.ca

ส่วนที่ 2 (กรอกโดยผู้ให้ความร่วมมือในการวิจัย)

คุณเข้าใจไหมว่าองค์กรของคุณถูกขอให้อยู่ในการศึกษาวิจัย ใช่ ไม่ใช่

คุณได้อ่านและได้รับสำเนาเอกสา *ใช่* *ไม่ใ*

ปรข้อมูลที่แนบมานี้ไหม

คุณเข้าใจถึงประโยชน์ที่จะได้รับและการเสี่ยงที่เกิดขึ้น ใช่ ไม่ใช่

ในการเข้ามามีส่วนร่วมในการศึกษาวิจัยนี้ไหม

คุณมีโอกาสที่จะตั้งคำถามและถกเถียงเกี่ยวกับการศึกษานี้ไหม ใช่ ไม่ใช่

คุณเข้าใจไหมว่าคุณมีอิสระที่จะปฏิเสธในการให้ความร่วมมือ เพื่อถอนตัวจาก
การศึกษาได้ทุกเมื่อโดยปราศจากผลใดๆที่ตามมา และคุณเข้าใจ
ไหมว่าข้อมูลของคุณจะถูกถอนออกตามการร้องขอของคุณ ใช่ ไม่ใช่

ได้มีการอธิบายเกี่ยวกับประเด็นเรื่องความน่าเชื่อถือแก่คุณแล้วไหม
คุณเข้าใจไหมว่าใครจะใช้ข้อมูลของคุณ ใช่ ไม่ใช่

ข้าพเจ้ายินยอมให้ความร่วมมือในการสัมภาษณ์และยินยอ ใช ไม่ใช่
มอนุญาตให้ผู้สอบถามจดบันทึกตลอดการสัมภาษณ์ที่อาจใช้สำหรับ
[โครงการวิจัยได้]

ได้มีการอธิบายเกี่ยวกับการศึกษานี้ให้ข้าพเจ้าโดย:____________________

ข้าพเจ้ายินยอมให้องค์กรของข้าพเจ้ามีส่วนร่วมในการศึกษานี้:

____

ชื่อองค์กร

______________	______________	______________
ลายมือชื่อผู้เข้าร่วมการวิจัย	วันที่	พยาน
______________	______________	
ชื่อตัวพิมพ์	ชื่อตัวพิมพ์	

____

ตำแหน่งในองค์กร

ข้าพเจ้าเชื่อว่าผู้ที่เซ็นชื่อในแบบฟอร์มนี้เข้าใจว่ามีอะไรเกิดขึ้นในการศึกษาและยินยอมให้ความร่วมมือด้วยความเต็มใจ

______________________________	______________________________
ลายมือชื่อผู้ศึกษาหรือผู้ได้รับการมอบหมาย	วันที่

เอกสารข้อมูลต้องแนบมากับแบบฟอร์มการยินยอมนี้
และสำเนาแบบฟอร์มทั้งสองแบบ
จะนำไปมอบให้แก่ผู้ให้ความร่วมมือในการวิจัย

Appendix E.3

จดหมายข้อมูล (เป็นภาษาอังกฤษและภาษาไทย)
[จดหมายสำหรับผู้ให้สัมภาษณ์]

ชื่อโครงการวิจัย : การทุพพลภาพและกิจกรรมทางกายวิภาค :
การศึกษาเชิงอธิบายเกี่ยวกับนโยบายและการปฏิบัติในประเทศไทย

ผู้ศึกษา : คารา แมคฟาร์เลน
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อาจารย์ที่ปรึกษา : ดร.ไมค์ มาฮอน ศาสตราจารย์และคณบดี
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มหาวิทยาลัยอัลเบอร์ต้า
780.492.3198 mike.mahon@ualberta.ca

ข้อมูลภูมิหลังและวัตถุประสงค์ของการศึกษา :

ดิฉันเป็นนักศึกษาปริญญาโทที่สนใจว่ามีการจัดการเรื่องทุพพลภาพอย่างไรในประเทศไทยดิฉันต้องการเรียนรู้ด้วยว่าเด็กๆที่มีสภาพทุพพลภาพเข้าร่วมในกิจกรรมพลานามัยอย่างไรและกิจกรรมเหล่านั้นคืออะไรการวิจัยมีจุดประสงค์ใหญ่ประการหนึ่งคือเพื่อเรียนรู้และเข้าใจว่าเรื่องทุพพลภาพมีการจัดการให้มีมีรูปร่างอย่างไรโดยนโยบายและการปฏิบัติเพื่อที่ว่าองค์กรนานาชาติทั้งหลาย จะได้มีความเข้าใจที่ดีขึ้นเกี่ยวกับการทุพพลภาพในประเทศไทย

ผู้ที่คุ้นเคยและทำงานกับเด็กๆที่มีสภาพทุพพลภาพ ถูกขอให้มีส่วนร่วมในการศึกษานี้ หากคุณยินยอมคุณก็จะถูกขอให้พูดเกี่ยวกับประสบการณ์ของคุณในการทำงานกับเด็กๆที่ทุพพลภาพ

การสัมภาษณ์อาจใช้เวลาตรงไหนก็ได้จาก1-20นาทีถึง2ชั่วโมงคุณอาจถูกขอให้ให้สัมภาษณ์เป็นครั้งที่สองดิฉันสามารถพบคุณที่สถานที่ที่สะดวกสำหรับคุณเวลาที่ใช้ในการให้ความร่วมมือทั้งหมดไม่ควรเกิน 2½ การสัมภาษณ์อาจถูกบันทึกเสียงและจะถอดเสียง (เขียนออกมา) คำต่อคำ

ภายในสามเดือนดิฉันจะอยู่ในเชียงใหม่เพื่อเยี่ยมโรงเรียนสำหรับเด็กที่ทุพพลภาพโดยได้รับการอนุญาตดิฉันอาจจดบันทึกเกี่ยวกับผู้สอนและกิจกรรมข้อมูลจะถูกนำไปใช้เพื่อช่วยให้ดิฉันเข้าใจเรื่องทุพพลภาพและกิจกรรมพลานามัยในประเทศไทยข้อมูลจะถูกนำไ

ปใช้เพื่อวุฒิการศึกษาของดิฉันด้วยและอาจนำไปตีพิมพ์เป็นบทความและนำเสนอในการประชุมรายงานฉบับสุดท้ายของการวิจัยจะถูกส่งมายังคุณตามการร้องขอ

ประโยชน์สูงสุดที่จะได้รับ :
การให้ความร่วมมือในการศึกษานี้ จะให้โอกาสแก่ผู้ให้ความร่วมมือในการศึกษาในการร่วมแสดงความคิดเกี่ยวกับการจัดกิจกรรมพลานามัยให้แก่เด็ก ๆ ที่ทุพพลภาพภายในโรงเรียน

การเสี่ยงสูงสุด :
การให้ความร่วมมือของคุณในการศึกษานี้เป็นการสมัครใจโดยสิ้นเชิง ไม่มีการเสี่ยงปรากฏในการให้ความร่วมมือของคุณ อย่างไรก็ตาม เป็นไปได้ว่าการเข้าร่วมการศึกษาด้วยตนเองหรือการให้ข้อมูลโดยละเอียดในระหว่างการสัมภาษณ์ อาจทำให้เกิดความรู้สึกอึดอัดได้

สิทธิในการถอนตัว :
คุณอาจหยุดการให้ความร่วมมือในการศึกษานี้ได้ไม่ว่าโดยเหตุผลใด ๆ ก็ตามทุกเมื่อโดยโดยไม่มีการถูกลงโทษใดๆ เพื่อจะหยุดแจ้งดิฉันว่าคุณต้องการยุติการให้ความร่วมมือในการศึกษา ข้อมูลทั้งหมดที่ได้เก็บไว้จะถูกถอนออกจากการศึกษาและจะถูกทำลายตามที่มีการร้องขอ การหยุดการวิจัยจะไม่กระทบต่อการมีส่วนร่วมในโรงเรียนของคุณ

นามแฝงและความน่าเชื่อถือ :
เราจะไม่ใช้ชื่อของคุณในการศึกษานี้ ชื่อที่ตั้งขึ้นจะถูกใช้สำหรับการสัมภาษณ์และภาพถ่ายเพื่อให้เกิดความน่าเชื่อถือได้แน่นอน การบันทึกเรื่องทั้งหมด ภาพถ่ายและข้อมูลส่วนตัว จะถูกใส่รหัสไว้และเก็บไว้ในห้องที่ปิดมิดชิด ซึ่งเป็นข้อมูลที่ดิฉันจะใช้ได้แต่เพียงผู้เดียว ข้อมูลจะถูกนำกลับไปแคนาดาซึ่งจะเป็นที่เก็บข้อมูลในห้องทำงานที่ปิดมิดชิด เป็นเวลาอย่างน้อยห้าปีตามระยะเวลาการสำเร็จการศึกษา หลังจากนั้นจะถูกทำลาย

แบบฟอร์มการยินยอมและข้อมูลการติดต่อเพิ่มเติม :
คุณจะพบแบบฟอร์มการยินยอมแนบมากับ จดหมายนี้ แบบฟอร์มการยินยอมถูกใช้เพื่อทำให้คุณแน่ใจว่าคุณเข้าใจการศึกษาวิจัย หากคุณยินยอมให้ความร่วมมือในการศึกษานี้ กรุณาตอบคำถามใช่/ไม่ใช่ หากคุณมีคำถามใด ๆ เกี่ยวกับการศึกษา โปรดสบายใจที่จะถามได้ทุกเมื่อ หากคุณเกี่ยวข้องใด ๆ เกี่ยวกับการศึกษานี้ คุณอาจติดต่อกับ ดร. ไบรอัน มาราย ประธานคณะกรรมการจริยธรรมในการวิจัยได้ที่ 780.492.5910 ดร.มารายไม่มีส่วนเกี่ยวข้องโดยตรงกับโครงการนี้เลย

ขอบคุณสำหรับการใช้เวลาในการอ่านจดหมายนี้

คารา แมคฟาร์เลน

Appendix E.4

แบบฟอร์มแจ้งการยินยอม (เป็นภาษาอังกฤษและภาษาไทย)
(แบบฟอร์มสำหรับผู้ให้สัมภาษณ์)

ส่วนที่ 1 (กรอกโดยผู้สำรวจระดับหัวหน้า)

หัวข้อโครงการ : ทุพพลภาพและกิจกรรมพลานามัย
การศึกษาเชิงอธิบายเกี่ยวกับนโยบายและการปฏิบัติในประเทศไทย

ผู้ศึกษา : คารา แมคฟาร์เลน
นักศึกษาปริญญาโทวิทยาศาสตร์มหาบัณฑิต
คณะพลานามัยและนันทนาการ มหาวิทยาลัยอัลเบอร์ต้า
053-227-277 (1208) karam@ualberta.ca

อาจารย์ที่ปรึกษา : ดร. ไมค์ มาฮ้อน ศาสตราจารย์และคณบดี
คณะพลานามัยและนันทนาการ มหาวิทยาลัยอัลเบอร์ต้า
780.492.3198 mike.mahon@ualberta.ca

ส่วนที่ 2 (กรอกโดยผู้ให้ความร่วมมือในการวิจัย)

คุณเข้าใจไหมว่าคุณถูกขอให้อยู่ในการศึกษาวิจัย ใช่ ไม่ใช่

คุณได้อ่านและได้รับสำเนาเอกสารข้อมูลที่แนบมาชุดหนึ่งใช่ไหม ใช่ ไม่ใช่

คุณเข้าใจถึงประโยชน์ที่จะได้รับ และการเสี่ยงที่เกิดขึ้นในการเข้ารวม
ในการศึกษาวิจัยนี้ใช่ไหม ใช่ ไม่ใช่

คุณได้มีโอกาสถามคำถามและอภิปรายถกเถียงเกี่ยวกับการศึกษานี้ใช่ไหม ใช่ ไม่ใช่

คุณเข้าใจใช่ไหมว่าคุณมีอิสระที่จะปฏิเสธที่จะให้ความร่วมมือหรือ ใช่ ไม่ใช่
ถอนตัวจากการศึกษาได้ทุกเมื่อโดยไม่มีผลใดๆตามมา และคุณเข้าใจใช่ไหมว่าข้อมูลของคุณจะถูกถอนออกตามการร้องขอของคุณ

ได้มีการอธิบายเรื่องประเด็นความน่าเชื่อถือให้แก่คุณแล้วใช่ไหม
คุณเข้าใจใช่ไหมว่าใครจะเป็นผู้นำข้อมูลของคุณไปใช้ ใช่ ไม่ใช่

ข้าพเจ้า ยินยอมที่จะเก็บข้อมูลใด ๆ ไว้ให้น่าเชื่อถือว่าข้าพเจ้าอาจเรียนรู้เกี่ยวกับคนอื่น ๆในฐานะที่เป็นผลลัพธ์มาจากการให้ความร่วมมือในการสัมภาษณ์กลุ่มได้ ใช่ ไม่ใช่

ได้มีการอธิบายเกี่ยวกับการศึกษานี้ให้ข้าพเจ้าโดย: ____________________

____________________ ____________ ____________

ลายมือชื่อผู้ให้ความร่วมมือในการวิจัย วันที่ พยาน

____________________ ____________________

ชื่อเป็นตัวพิมพ์ ชื่อเป็นตัวพิมพ์

ข้าพเจ้าเชื่อว่าบุคคลที่ลงลายมือชื่อในแบบฟอร์มนี้เข้าใจถึงสิ่งที่เกิดขึ้นในการศึกษาและยินยอมให้ความร่วมมือด้วยความเต็มใจ

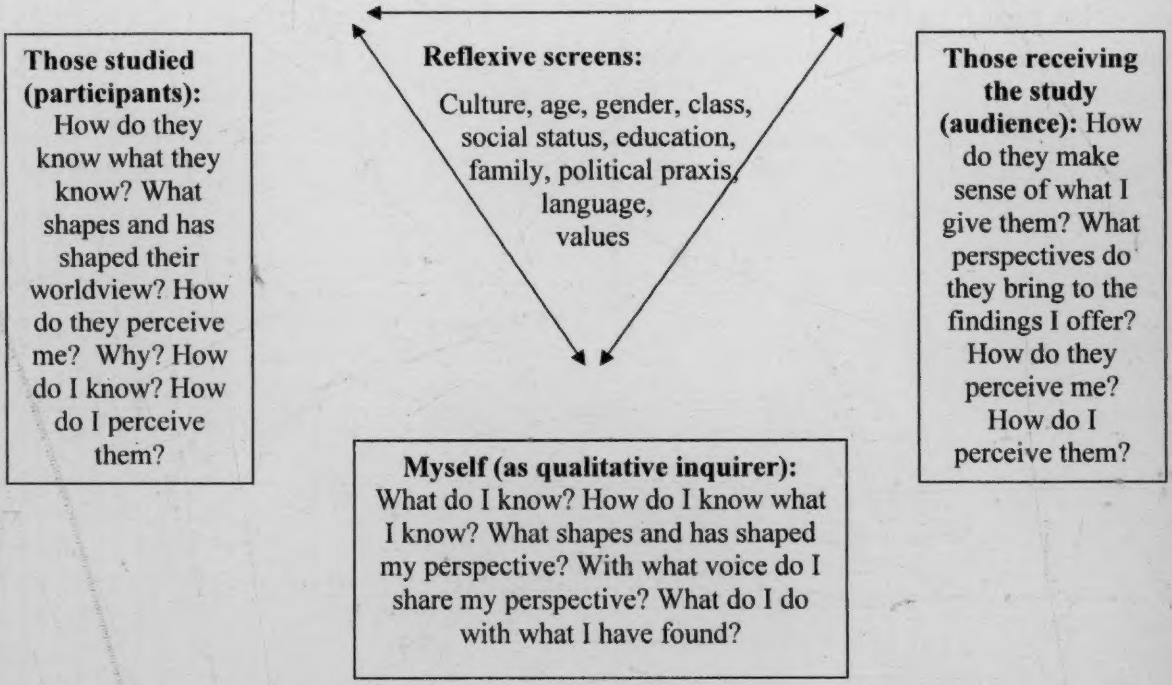
____________________ ____________

ลายมือชื่อผู้ศึกษาหรือผู้ได้รับการมอบหมาย วันที่

เอกสารข้อมูลต้องแนบมากับแบบฟอร์มการยินยอมนี้ และแนบมากับสำเนาแบบฟอร์มทั้งสองที่ส่งให้แก่ผู้ให้ความร่วมมือในการวิจัย

Appendix F

Reflexive Questions: Triangulated Inquiry



Those studied (participants): How do they know what they know? What shapes and has shaped their worldview? How do they perceive me? Why? How do I know? How do I perceive them?

Reflexive screens:

Culture, age, gender, class, social status, education, family, political praxis, language, values

Those receiving the study (audience): How do they make sense of what I give them? What perspectives do they bring to the findings I offer? How do they perceive me? How do I perceive them?

Myself (as qualitative inquirer): What do I know? How do I know what I know? What shapes and has shaped my perspective? With what voice do I share my perspective? What do I do with what I have found?

Taken from: Patton, M. (2002). Qualitative research and evaluation methods (p. 66) Thousand Oaks, CA: Sage.